Observations
ON
HYPO-VENOSITY OF THE LOWER LIMB.*

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THE term "*hypo*-venosity" is used to express a condition of the limb in which there is a deficiency in the number and size of the veins belonging to the saphenous system; as *hyper*-venosity might be used to express the opposite condition, or that in which there is an excess in the development of these veins, even to varicosity.

The characteristic features of a *hypo*-venous limb are the reverse of those which obtain in a limb affected with *hyper*-venosity; for whereas in the latter, especially with varicosity, the limb is usually lean, and the outlines of bone, muscle, and tendon are, as a rule, sharp and well defined, in the former these outlines become gradually effaced, the skin becomes of a dusky colour, the whole limb dense or brawny, and muscular action difficult and painful.† With the exception of sometimes, it may be, a few dilated or varicose venous twigs below the ankles, or on the dorsum of the foot, there is scarcely a vein to be seen, except, as it may be, here and there as a thin blue line, which exercise or heat fails equally in filling.

The *objective* symptoms of this disease, to which its nomenclature applies, imply imperfect venosity in the subcutaneous or saphenous system of veins, with thickening or hypertrophy of the dermoid and subdermoid tissues; whilst the *subjective* indicate a state of the muscular system in which its fibres are under restraint, and their action attended with difficulty and pain.

The cases are such as these:—

1. An eminent physician broke his ribs. Slight pneumonia followed, and, six weeks afterwards, crural phlebitis, with œdema of the whole limb. He completely recovered. Two years passed away, during which time he favoured his leg, and wore an elastic bandage. He then began to complain of rheumatism of the muscles of the thigh. To this phlebitis, in one of the saphenous branches, ensued and passed away; succeeded again, at short intervals, by like attacks in different parts of the limb, excited by slight and those usually physical causes, such as rubbing a vein against some foreign body, even against the edge of his elastic stocking. The limb was constantly rested, and gradually became dense and brawny; the skin of a dusky hue. The veins on the surface gradually disappeared; locomotion became difficult and painful, and attended with cramps. There was no œdema.

2. A gentleman, aged forty-eight. The limb in this case presented the same external features. It has come on gradually, and of its origin or causes the patient could give no account. He was ordered rest and elastic stockings; but with no advantage, for the symptoms have progressed, and all traces of superficial veins have disappeared, save only a few tegumentary venules around the malleoli, which are varicose. Some weeks before I saw him he galled his leg, and an attack of phlebitis in a vein near the knee-joint ensued. There is no œdema. The gentleman is gouty disposed. The date of this case is rather more than a year.

3. A gentleman aged forty-six. In this case the attack was preceded by pains across and on either side of the patella; at times across the leg three or four inches above the ankle-joint, and at others across the dorsum of the foot. These pains set-in usually after he had gone to bed, and became more severe after entire rest in the recumbent posture. They occur also by day, but are not so constant or severe. At times he is obliged to dart suddenly from his chair or bed, and to walk about, which invariably mitigates his discomfort. There is always some difficulty in getting his muscles into play, which exercise removes. The leg is somewhat dense; its muscular outlines are becoming effaced; the skin is slightly dusky; and, with the exception of a few small veins on the foot, the external inferior communicating vein, and a small varix on the middle and inner aspect of the thigh, there is no visible trace of a vein in the skin.

In this case the disorder commenced gradually, about six months ago; and has gradually increased, although, under advice, he has rested the limb and worn elastic stockings.

The disease appears to commence insidiously; to be advanced by rest and elastic stockings, the remedies usually employed; and, with its advance, the skin and subdermoid fat layer become dense and lose their elasticity. Degeneration and consequent incompetence of the saphenous veins and their branches appear to be associated with its progress in a manner to justify the conclusion that these are its direct or exciting cause; whilst, it is presumed, the deep trunk veins become secondarily dilated and their valves partially inert, and fatty deposit and degeneration take place in the muscles and their connective tissues.

The grounds for this inference are: first, with regard to the saphenous system, that functional deterioration of the saphenous system, through thickening, atrophy, retrecissement, or thrombus, is an occasional pathological fact; and, secondarily, with regard to the deep veins, that saphenous inefficiency, as shown by a varicose condition of the venous radicles—tegumentary or figurative varicosity,—as well as by a dusky colour of the skin, otherwise than from melasma or skleroderma, is habitually associated with, and indicates, dilatation of the deep trunk veins. These facts I observed in the course of dissections made some years since, with a view of elucidating the subject of varicosity.

Antecedent to and during the advance of this disorder, phlebitis affecting the superficial veins is a common occurrence. But it is not more than this; it is not, as in phlegmasia dolens, its cause.

Throughout the systems of organic and muscular life the venous system is double—the *superficial* and *deep*, or in other words, the *complementary* and *main*; the former playing to the latter the part of a waste-pipe, or compensating system, ready to relieve it when its vessels are unduly filled; or, to use Mr. Nunn's words, in his essay on the Venous System, "a safeguard against the contingency of the active organs of locomotion. One may compare them," continues Mr. Nunn, "to the adjustment of the chronometer, both having for their object a uniformity of performance under varying conditions." The *deep* veins—viz., those which are radically interwoven with the organs of vegetative and animal life—constitute, therefore, the *real* venous system. The current through these veins, in the healthy performance of the double circulation, is consequently maintained by a combination of forces, which, like those of the heart, are independent of the will, and continuous during rest as during periods and conditions of muscular activity. The current through the *superficial* veins, on the other hand, derives its chief importance from the fact that it receives its principal impulse, in the limbs more especially, from voluntary muscular action; so that, in case its vessels become inefficient, the surplus quantity of blood due to muscular exercise, which they should receive, is poured into the deep veins with a force that, expended on their coats, results in dilatation, valvular incapacity, muscular deterioration, and such other secondary changes in related tissues as prolonged imperfection of the functions of the venous system gives rise to.

It seems to follow, then, in relation to the class of cases to which I am referring, that the practically entire absence of the superficial or *complementary* system of veins, accompanied as it is with the particular condition of the limb that has been described, points inevitably to the *deep* venous system as that to which the symptoms are directly and principally due; and that, as the occasion for the use of the collateral veins is of constantly repeated occurrence, so these, the *deep* trunks, become passively dilated and incompetent to the discharge of the sum of the duties of both systems combined. Even in case of the ordinary competence of the saphenous systems, an excess of muscular action would be attended with like results, but for the development of those supernumerary branches which are often met with as an unusually complex network of veins, and which frequently become varicose. Hence the too common treatment of veins

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† Complications occur which apparently compromise this rule, such as varicosity in obese persons, or in persons with disease which interferes with the ordinary nutrition of the limb; but a *typical* case of varicosity, as seen in the lower limb, is usually thus characterised.

by ligature, *simply because they are varicose*, is not only a useless but a detrimental practice.

As bearing upon this subject, though somewhat discursively, I will call your attention for a few minutes to the forces by which the return of the blood from the extremity of the arterial system is effected. These forces are complex, of which the principal are alleged to be the heart's action, arterial elasticity, and the influence of the nervous system. These are coefficients, each to a certain extent only; for experiments seem to show that each may separately be cut off and yet the blood will find its way back to the heart; and, moreover, that the blood will pass from the arteries into the veins during the suspension of all these forces. Thus the blood still passes into the femoral vein although the corresponding artery is tied, its flow being only retarded; and separation of the nerves of a part from their connexion with the spinal cord does not appear materially to interrupt the same process. To complete the sum of the required forces, therefore, another has been hypothecated—a "capillary" force. Can any such force be shown to exist? or, rather, is there any other force to which the capillary system is especially subjected which will explain the phenomenon? I made the following experiment on dogs some few years since in the presence of many members of the profession. The whole of a dog's thigh was enveloped in ligature with the exception of the femoral artery; the free ingress of blood into it was thus permitted, whilst its exit was completely prevented. The result was that, after complete repletion, the whole of the saphenous system, to its minutest capillary vessels, and the deep trunk veins were filled to their utmost point of endurance, in parts even to ecchymosis, but there was no corresponding repletion of the muscular tissue. From it the blood was as much expressed as in dogs in which no such experiment had been made. It is to be observed that the *muscular* capillaries were alone emptied, and not the *tegumentary*. This, with another ascertained fact—viz., that after death the temperature of the body may rise and muscular contraction occur, giving rise to its well-known "hum" and the peculiar disposition of the minute capillaries in relation to muscular tissue (as shown by Bowman in his "Anatomy and Physiology," and in some beautiful injections by my friend Dr. Dempsey)—together go far to prove that such a force exists, and that it is in a condition of perpetual activity. It would appear, moreover, that the capillaries derive it from their connexion with muscular tissue, in which it might be supposed to be a power akin to that organic molecular action which is said, with much appearance of truth, to be an attribute of all sarcode, from that of the amœba to the higher organisms; and that to this force the venous current is mainly due;—that, in fact, as an agent in the circulating system, it is to the *capillary* very analogous in some respect to what the heart is to the *arterial* system. In illustration of this force, and its relation to and independence of the nervous system, I might refer you to the experiments of Dr. J. Reid, from which he conclusively showed that the only ascertained final causes of all endowments bestowed on nerves in relation to muscles is, not to make muscles irritable, but to subject their irritability in different ways to the domain of the acts and feelings of the mind, and, I might add, to the exigencies of the organism. I cannot but regard this force or power as inherent to each form of muscular tissue, for I think, if we take a general view of the relations of the *main* venous tubes throughout the body, with the exception of those of the brain, that their radicles, one and all, commence in muscular capillaries—some in those belonging to the striped, and others to that of the unstriped class; whilst the capillary radicles of the *complementary* veins have no such origin.

It follows that any degeneration of muscular tissue, either as a concurrent or consequent process in this disorder, must necessarily add fresh difficulties to the venous circulation, so that the sum of the final organic changes, of a pathological nature, will be thereby greatly augmented.

It will now be clear, I think, that embarrassment to the current of blood through the venous system at large must inevitably result in defective elimination of the hydrocarbons and their allies from the tissues implicated,—in solid œdema superfascially, fatty deposit and degeneration subfascially, and ultimately in elephantiasis, or a disease closely akin to it. Are not other like changes in tissues due to embarrassment to the venous current appertaining to them respectively? and, moreover, would not a more close investigation into the mutual organic changes between *venous* blood and the capillary and the next succeeding portion of the venous system throw a considerable amount of light upon the nature of morbid changes generally?

As the *deep* or *main* system of veins is thus especially associated with the nutritive processes, so the *superficial* or *complementary* is as especially eliminatory, for it is from these veins in the lower limb, at all events, that dropsical effusion takes place. Œdematous fluid is chiefly and usually solely superfascial; and it is not improbable that in other dropsies, as of the pericardium, pleura, or peritoneum, the fluid escapes from veins of the same class—viz., from those of their respective complementary systems.

The disorder I have attempted to describe is due, then, *primarily* to inefficiency in the saphenous system of veins, followed by deep vein dilatation and embarrassment.

The treatment is the reverse of that ordinarily employed—viz., an entire freedom of the limb from all compresses; enforced walking exercise, begun in moderation, and periodically increased; hot applications, especially hot seawater, to the limb; friction; and it may be the internal administration of the liquor potassæ. In short, by the use of all those measures, hygienic and therapeutical, which can, on the one hand, restore the circulation of the limb, upon the principle that its right use is its stimulus to health and perfection; and, on the other, relieve it of its superabundant fat.

PSYCHIC FORCE.

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UNDER the name of "spiritualism" is included apparently every conceivable occult influence which can produce phenomena of an extraordinary character, or feats beyond the range of human knowledge. It seems remarkable that clear-headed men, in their investigations of the subject, have not perceived how spiritualists have been maintaining doctrines of most opposite tendencies: as, for instance, when a person holds his hand over a table, and the latter moves, an influence is supposed to pass from his body, to which such a name as "animal magnetism" may be given; but when a woman's hand is guided to draw those remarkable pictures which were lately exhibited in London (like twisted rainbows or balls of coloured worsted), it is said that "a spirit" is at work; and the same, I suppose, would be asserted when a lady residing at Highbury desires a lobster for supper and immediately it flies through the air from her friend at Liverpool (see *Spirit. Mag.*). What is said to be the exact influence which operates on the clairvoyant when he reads a newspaper by sitting upon it, I do not know.

It seems, I say, remarkable that anything in the shape of what is called "animal magnetism" should be included in the subject of "spiritualism"; for the two powers seem to be diametrically opposed. For my part, I know nothing of any influences exerted by man upon man except those which are bound up with his material body. Whether if I considered vital force distinct from the properties of matter I might indulge in spiritual vagaries, I need not inquire. At present I am in accord with those who know of no forces in nature except such as are intimately associated with matter; and, more than this, that in all living objects the latent energies may be expected to become manifest in one form or another. A belief, therefore, in what may be called "animal magnetism" or "mesmerism," as the product of certain operations going on in the body, has nothing in common with the idea of a spiritual influence outside us, and which we cannot grasp. In fact, the two ideas seem of a very contrary nature. It is, indeed, because I disbelieve in spiritualism that I feel inclined to seek further information about real animal forces. When a man says that his hand placed near an object can cause it to move, he is speaking of an influence arising from a material machine—a statement not irrational; but when he says his hand is moved by a spirit, he is asserting something of a totally different

nature, and of which we can know nothing. While, then, it seems to me a waste of time to investigate the follies of spiritualism, I can see no *a priori* reason for disbelieving that the forces of the human body may be liberated in a manner which may be felt or measured; and to such forces, if discovered, I would much prefer the old name "animal magnetism" than "psychic force," which carries us into the realms of spirits.

I may be allowed to remind those who have not thought much of the subject, that there is every reason to believe that the brain and nerve-centres are force-producing organs, and that "vis nervosa" does not stand for an imaginary essence, but is a real power. Can it be believed that the other organs of the body are chemical and heat-forming apparatuses, and that the large mass of brain is not elaborating its own forces? Let us think of the simple act of the movement of a limb. In this case it is said, I am aware, by some physiologists, that the forces in operation are in the muscle, and that the nerve does no more than set them free, as one might let loose the spring of a watch. This is no doubt true to a certain extent; for if the power came from the nerve, a horse's brain should be larger than a man's. Nevertheless there remains the fact of muscular tension (which others again deny) seen in the drawing of the face in facial paralysis independent of volition, in the flabbiness of palsied muscles, and in such a fact as the head nodding when we fall asleep or in any way lose our consciousness. Then also in the case of the viscera whose operations are regulated by the sympathetic nerves we must believe in some potential agency arising in the ganglia. That some kind of force is generated in the nervous system is proved by the existence of galvanic currents, and by the fact of the electric organs of the torpedo and other animals being but expansions of ordinary nerves.

That the vis nervosa does not stand for an unknown quantity, but is a real force, I think we must conclude from the influence of the mind (cerebral action) on the body. For example, a want of will, associated with an inability to move a limb, may mean no more than an inactive brain; a determined or strong will which would enable a person to rouse himself from a bed of sickness may mean no more than an abundant supply of necessary nerve force to counteract the morbid state. The effects of passion or rage seen in fighting, using abusive language, or pacing up and down a room, may be nothing more than the overcharged cerebral apparatus letting off its steam. Then, again, if these forces are pent up, the effect on the body is not an imaginary but a real one. Page after page might be quoted from writers showing the influence of the mind on the body, as the production of inflammation in a joint by concentrating attention upon it, as John Hunter asserted might be the case; but every medical man can recall examples at his will. The poets could never be exhausted for instances where the passions of the mind have wrought evils on the body most deadly and real.

Seeing these phenomena, and looking at the large cerebral, spinal, and ganglionic masses, no surprise can be felt that all kinds of conjectures have been made as to the nature of the force they produce; and thus, whilst some have surmised it might be no more than electricity, others have said it has been allied to it and styled it animal magnetism. Many have been content to speak of a vis nervosa as a convenient phrase, and have not attached any definite meaning to it. It seems remarkable that such conjectures should have been left to loose-minded men, whilst physiologists and philosophers have for the most part ignored the subject. It may be asked—Is not our body a wonderfully active machine, a furnace, and a chemical laboratory?—does it not require a constant supply of fuel to preserve a heat forty or fifty degrees above surrounding objects? The question is scarcely necessary, for we are daily witness of all the correlated forces occurring in the animal body—heat, free electricity in many persons, light in some animals, motion in all. We may ask are any of these forces produced in the brain? Sir B. Brodie, it is well known, believed that the mere chemical changes in the body were not sufficient to produce heat, and that this was derived direct from the nervous system. Now, if there be any truth in this, it follows that when we are measuring the temperature of the body we are taking note direct of the vis nervosa. Of course, if this be so, we must go still further back to chemistry for the cause of the changes in the brain which are productive of force; but this is of no consequence in the argument. If the hand be placed over a delicate thermometer, and a movement occurs, we are witness to an influence produced by a force originating in the body; we call this heat, but there appears no reason why a similar phenomenon should not occur from another force related to it.

When a mesmerist says that an influence passes from the manipulator to the patient—that in passing the hands over a paralysed limb the latter is receiving strength, whilst the former is losing it,—that man is not a spiritualist, but a rank materialist; and to investigate the existence of such power appears to me not idle, but most important, especially if the vis nervosa be a real force, as I believe it to be. That any power is passing out of the body under ordinary circumstances I do not believe, for I consider that it is expended on the body itself, especially on the muscles, or to cause some ill working of the viscera within, if it be produced in superfluity. And I think so also for another reason: if any such force as psychic force were constantly free and operative around us, it would interfere with the investigations of scientific observers; but for centuries past there have been men at work with their weights and measures, who have all agreed about the specific gravities of substances, about the meaning of foot-pounds, and such like; all of which could not have occurred had there been any disturbing influence to interfere, for I am not aware that any inexplicable results have troubled philosophers which have made them look around for some undiscovered influences to account for them. The question, therefore, of the existence of such force as the so-called psychic force being always in operation around us has been answered in the negative as much as if it had been under special investigation, for philosophers have not found themselves troubled by any other powers than those which all have recognised as the usual properties of matter.

It by no means follows, however, that if the vis nervosa be a reality it might not occasionally escape its bounds; and, if so, it might be tested by peculiar reactions of its own, or by its being found to be another mode of light, heat, galvanism, or motion. These forces, which are constantly observed, may be intimately correlated with some new or undiscovered one which is peculiar to the living animal.

It is, then, because I am not a believer in spiritualism, and have not the slightest leaning towards it, that I see no impossibility in seeing vital forces, or the vis nervosa, subjected to the same scientific researches as any other forces in nature. I see no reason why Mr. Crookes should not investigate them, nor do I see why others should stand aloof. The subject is not one of spiritualism; it is rather eminently materialistic.

Grosvenor-street, October, 1871.

ON THE

FUNCTIONS OF THE SYMPATHETIC SYSTEM OF NERVES, AS A PHYSIOLOGICAL BASIS FOR A RATIONAL SYSTEM OF THERAPEUTICS.

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(*Continued from page 602.*)

LET us now inquire,—What is the agency or influence of the sensory nerve-fibres in the sympathetic system?

When any pungent substance, such as mustard, is placed in the mouth, it produces lachrymation and an increased flow of saliva. Such increment of secretion results from the application of any excitant to the extremities of the sensitive nerves which emanate from glandular organs. Professor Ludwig has affirmed that the augmented exudation is owing neither to contraction of the muscular elements of the glands, nor to a change in the pressure of blood in the organs, but apparently to the simple influence on the secreting tissues; that a stimulus to secretion is set up, not by any direct influence on the bloodvessels, but by an

incitement set up in the secreting glandular tissue. This may be a refinement on a physiological definition; for it is difficult to conceive how secretion can be effected without a corresponding increase of vascular action, but it is the expression of an ideal reciprocation of tissue with tissue, which is suggestive of spontaneity.

The act of blushing is an apposite instance of the correlation of sensitive and vaso-motor influences. But paralysis of the sensory nerves, although it may diminish, does not stop vascular action; or, on the occurrence of anæsthesia, gangrene should supervene in the parts deprived of sensation. The tendency to such destruction may exist by virtue of the response given by the motor nerves to those which are rendered insensible, and, therefore, of the loss of balance between the incentive and restraining forces which act upon the bloodvessels.

Paralysis of the trigeminus, however induced, causes anæsthesia of the face and scalp, injection of the conjunctivæ, loss of secretion of the lachrymal glands, leucoma, and ulceration of the cornea. A case of this kind is reported by Dr. Althaus in the 52nd volume of the "Medico-Chirurgical Transactions." In that instance there was also a continuous rushing noise in the head, an abundant discharge of acrid mucus from the nose, and a copious buccal exudation, although the secretion of healthy saliva was arrested.

It is a curious fact, and a very interesting one, that the section of a sensitive nerve is very apt to be followed by a pseudo inflammation in the parts to which the peripheral extremities of that nerve are distributed. Professor Graefe has abundantly proved that such apparent inflammation in distant parts is very apt to follow the section of a sensory nerve by which those parts are supplied. According to the view here taken of the special function of the sensory sympathetic fibres, it is reasonable to suppose that the phenomenon is due to a loss of tonicity of the walls of the capillary vessels, owing to a suspension of the inhibitory influence of the vaso-motor nerves; and that blood-corpuscles may thus penetrate into minute vessels, where only blood plasma, nutritive fluid, or effete matter should be carried to the surface.

It is this peculiar nerve influence, modifying indirectly the nutrition of organs, which has given rise to the idea of trophic nerves; and in all cases the nerves so implicated are sensory nerves. Their action is exemplified in gastrodynia and dysmenorrhœa, in which they induce an increased flow of mucus; but in both diseases the pain is referable to nervous irritation, and independent, as Ludwig would have it, of vascularity of the secreting membranes.

Many instances are on record in which the so-called trophic nerves have manifested their influence on the nutrition of parts after accidents by which the sensory nerves of those parts have been divided or destroyed. Three cases of the kind are related by Mr. Simon in Holmes's System of Surgery;* and one has been described by Mr. Nunn,† in which the ulnar nerve was divided in a boy. The temperature of the hand fell to 10° Fahrenheit below that of the sound side; and the muscles supplied by the divided nerve were wasted in the course of two months to one-third of their former bulk. The London Hospital Reports for 1866 contain the details of seven cases of a like nature; and Dr. John Ogle describes a case of disease, in which the sympathetic must have been implicated, and a changed condition of the vital attributes in the parts ensued,‡ which, as in all the other instances, manifested itself a long time after by a lowered temperature, a defective nutrition, and a disposition to textural degeneration.

All these phenomena are necessarily induced by reflex action, either through the cerebro-spinal axis or the sympathetic ganglia; and according as the afferent nerve is irritated or rendered apathetic may it either exalt or depress the functions of the nervous centres upon which it acts. On this theory Dr. Handfield Jones and Mr. Lister§ explain the distant effects of morbid changes.

In the foregoing experiments the effect of section of the fibres of Remak has been shown, in order to judge of the resulting action of the motor and sensory elements of the sympathetic system; and it is obvious that in all cases the attributes of the sympathetic proper are the very antitheses to those of the cerebro-spinal nerves. But as the sensitive element exerts its immediate influence on the nervous centres only, and the motor portion of the ganglionic centres on the peripheric tissues, it may be asserted that the latter and the fibres of Remak are antagonistic in their action.

Accordingly it is found that the section of the motor nerve of a gland produces precisely the same effects as stimulation of the corresponding sympathetic branch; and, *vice versâ*, that section of the sympathetic has the same effect as stimulation of the motor branch: both pointing to the fact which M. Claude Bernard has enunciated—that the nervous filament which presides over the functions of a gland is always from a motor nerve.*

I infer therefore that the special function of the sensory fibres of the sympathetic is to communicate a stimulus to the secretory glandular tissue, to give an organic or vital sense to those tissues, just as the muscular sense is conveyed from the muscles to the nervous centres to communicate a stimulus to muscular action.

To what particular tissues, then, and to what special function, are the sympathetic nerves *proper*, or the fibres of Remak, subservient?

Their actions are undoubtedly complex; yet I hope to show (and I cannot discover from physiologists that I am mistaken) that those actions are confined to the muscular coats of vessels only, and that their function is chiefly to control the act of nutrition.

I have had occasion to refer to the researches of Dr. J. Tyson on the mode of distribution of nerves to minute arteries, and he has shown how the primitive fibrillæ of nucleated nerves are disposed upon the arterioles, which are distinguished by transverse nuclear markings—probably the contractile elements,—and how other strands of naked axial fibres, on the uriniferous tubes of the kidneys, gradually become surrounded with a medullary tunic, and then with the tunic of Schwann, to constitute nerve-fibres which he believes to be sensory or afferent nerves, conveying to the centres an impression, the response to which is transmitted to the efferent nerves, or those which terminate on the transverse marks of the arterioles, whereby they contract or dilate their calibre. Such is the probable disposition of the grey fibres on the coats of vessels.

As before observed, I have anticipated experiments on the sympathetic fibres to show the behaviour of the motor fibres without them; and in every instance in which the former have been divided, an increased vascularity, an elevated temperature, and an augmented secretion have resulted.

Another curious and instructive phenomenon occurs when the blood is thus transmitted in a preternatural quantity through the capillaries—the venous blood immediately becomes brighter in colour. M. C. Bernard observed this fact in the coronary veins on the left side of the lip of a horse after he had divided the left cervical sympathetic.†

Now, the application of a weak electric current to the peripheric end of the divided sympathetic reverses all this. The calibre of the distended capillaries is quickly reduced; the temperature is lowered, and may be depressed below the existing degree in other parts, and secretion is diminished. If the power of the current be increased, the circulation may be entirely arrested; so that, if examined under a microscope, the capillary vessels will seem to be completely empty.‡ Such is the invariable result of stimulation of the nerves of Remak on the capillaries; and MM. Valentin, Henle, and Budge have observed that the large bloodvessels contract, when acted on by galvanism, through the medium of the grey nerve-fibres which are supplied to them.

If all this be so, we have at once a solution of very many physiological and pathological phenomena, and, what is more, a clue to the rational treatment of many diseases.

Mr. Moore, in his interesting little treatise "On Going to Sleep," shows the one way only in which sleep can occur; and *that*, the action of the sympathetic fibres in diminishing the arterial current through the brain. One step more and we have the key to the convulsions of teething; for

* Vol. i., p. 36. Second Edition.
† Pathological Transactions, 1866.
‡ Medico-chirurgical Transactions, vol. xli., 21st case.
§ British Medical Journal, Feb. 5th, 1859.

* Medical Times and Gazette, 1861, p. 645: Lectures on the Spinal Cord.
† La Clinique Europ., 1859; No. xxix., p. 282.
‡ Medical Times and Gazette, 1861, p. 543: M. Claude Bernard on the Spinal Cord.

M. Loven has shown that by irritating the peripheric extremities of sensitive nerves a reflex influence is produced on the vaso-motor nerves, inducing contraction of the capillaries;* and, as MM. Kussmaul and Tenner have explained, convulsions.† They have demonstrated, moreover, that a suddenly induced anæmic state of the brain produces epilepsy; and how frequently do both convulsions and epilepsy occur during sleep. Yet another step in the arrest of circulation, and we have the pathological state which M. Eckhart has produced experimentally—namely, an over-irritated condition of the sensitive nerves reflected on the vaso-motor nerves of the spine, and reflex paralysis as a consequence. It is M. Claude Barnard's experiment on the sympathetic over again; and I believe this to be the most frequent, if not the only, immediate cause of infantile paralysis, which, as far as I have been able to judge, is more relieved by the application of warmth, *as a local remedy*, to the spine, than by the stimulus of electricity.

In the above forms of convulsions, Dr. Marshall Hall's idea, that when the influence of the cerebrum is suddenly removed the augmented irritability is reflected back on the vaso-motor nerves and muscles, would appear to receive confirmation.

Hemicrania is said by M. Du-Bois Reymond, who has studied it on his own person, to arise from spasm of the muscular coats of the arteries of the brain; and M. Möllendorf, although not agreeing altogether with Du-Bois Reymond, considers that it is dependent on an affection of the cranial vaso-motor nerves.

Now the active state of organs is unquestionably the wasting state, and the quiescent condition that of restoration. During mental activity the brain is charged with arterial blood, and in the glands the active state is a state of congestion. During this period the venous blood flowing from those organs is of a bright-red colour, just as was observed by M. Bernard in the venous blood of the left coronary vein in the lip of the horse, after section of the left cervical sympathetic.

The period of sleep is regarded by Mr. Durham‡ and Mr. Moore as the period of replenishing the brain, and during the state of quiescence in glands those organs recuperate themselves. Then it is that the cerebro-spinal system is in abeyance, the fibres of Remak dominate, and the venous blood flowing from the organs is very dark in colour.

In the face of all these phenomena it cannot be doubted that nutrition chiefly is governed by the sympathetic nerves, whilst local independence is indicated by the local distribution of ganglionic centres, and proved by local vascularity during functional activity.

When the salivary glands are stimulated by the act of masticating and by the savour of food, the bloodvessels of the glands become turgid, and the glands themselves injected. The contact of food quickens the circulation of the mucous membrane of the stomach, and causes it to become red and tumefied. Again, during menstruation, a period of nervous sensibility, the whole uterus is congested; the mucous lining throughout its whole extent is hypertrophied and of a pink colour, increasing in depth towards its fundus, where it attains a dark livid colour, and is covered over with a quantity of blood; but the congestion does not extend beyond the uterus, the Fallopian tubes, and the ovaries.§

These local phenomena are but the expression of a general law, which is dependent on the distribution of the ganglionic centres of the sympathetic system to every important organ of the animal body; and if an additional proof be required that independent nervous centres exist for the purpose of regulating the local distribution of blood, I would adduce the fact that, although local functions may be disturbed by injuring portions of the brain to which the motor and sensory nerves are affiliated, those local functions are generally restored long before the injured portions of the brain have had time to recover their integrity.

The localisation of such centres is obviously contingent on the position of the organs to which they are subservient, for such is the distribution of the ganglia in all animals, from Echinodermata upwards; and each ganglionic centre, I suppose, gives nurture and individuality to its special outgoing nerves, just as a modified soil may determine the quality of a sapling which has been protruded from the root of its parent tree.

From the foregoing considerations I conclude that the sensitive nerves of every ganglionic centre impart an influence, which I would call the vital sense of an organ, affecting its histological tissues, without operating immediately upon its bloodvessels; that the motor nerves, having their terminal fibres extended to the extreme ramifications of the arterial system, incite vascular action and secretion in response to the vital sense; and that the grey fibres of Remak, having a correlative ramification, restrain and regulate the stream of nutriment which is conveyed by the arterioles into the cell territory for secretion or assimilation.

If I may be allowed to compare organic with inorganic things, I would represent the sensory nerve of every ganglionic centre as the steam of an engine, the ganglionic centre as the cylinder and piston rod, the motor nerve as the fly-wheel, and the fibre of Remak as the governors.

In concluding this part of my subject I will offer a few remarks on the pneumogastric nerves.

The nuclei from which the eighth pair of nerves derive their roots occupy the same tracts of grey nervous matter as do those from which every pair of spinal nerves originate;* and as their source is analogous so also is their function, but being distributed to very important organs, and very diversified opinions being entertained concerning them, I may be pardoned for considering them apart from all other compound nerves associated with the sympathetic system.

I need not dwell on the intercommunicating fibres between the several nuclei in the medulla oblongata, which associate the sensitive portions of the palate, the pharynx, the epiglottis, the larynx, and the respiratory mucous membrane, with the muscles of deglutition, of the voice, and of respiration; nor is it necessary to allude to the phenomena which attend either the section or stimulation of the upper branches of the pneumogastric, whether motor or sensory; the result of such experiments may be predicated. Of the vascular and cardiac branches, however, it is interesting to know that they are distributed exclusively on the surfaces of vessels, or round about the secreting cells of mucous surfaces.

Division of the pneumogastric nerves above the cardiac branches is always fatal, and in almost all cases death results from an excessive congestion of the lungs, the capillary vessels being found in a dilated condition, and a bloody serum exudes from them into the bronchial cells. The secretion of mucus is arrested, as we are led to expect from corresponding results observed in all other cases, where the sensory nerve-fibres of a ganglion are destroyed, as those of the cardiac ganglion and of the minute pulmonary ganglia must be in such an operation.

It has been affirmed by some experimentalists that the division of the vagi paralyses the œsophagus, destroys the sense of hunger, and arrests the secretion of gastric juice; but many careful observers, such as Breschet, Müller, Milne Edwards, Vavasseur, Holland, and Arnold, have asserted that the gastric juice continues to be secreted after section of the vagi;† and this fact may appear to militate against the theory which I have advanced, but I am inclined to think that it rather serves to illustrate it.

The ganglionic centres which are subservient to the functional actions of the stomach are the semilunar ganglia and the coronary plexus of nerves proceeding from them. These ganglia appear to be the expanded terminations of the splanchnic nerves and the multipolar cells with which they communicate. The right vagus, it is true, terminates in the left semilunar ganglion, and the vagi undoubtedly contain both incident and motor fibres; but they do not, with the exception of the terminal branch of the right vagus, form with the sympathetic any isolating ganglion wherein the attributes of nerve-fibres are so modified as to subserve the local requirements of the stomach, either as regards its special vital sense, its secretion, or its nutrition. They may, and most probably do, impart a peculiar sensi-

* Ludwig's Arbeit., 1867.
† Nature and Origin of Epileptiform Convulsions. By Drs. Kussmaul and Tenner (New Sydenham Society, 1859).
‡ Guy's Hospital Reports, 1860: The Physiology of Sleep.
§ Pathological Transactions, vol. xiii., p. 170; Professor Harley on the Uterus and its Appendages at the Catamenial period.

* Philosophical Transactions, vol. 158, 1863: On the Intimate Structure of the Spinal Cord and Brain. By J. L. Clarke.
† Dr. J. Reid: Cyclopædia of Anatomy and Physiology, vol. iii., p. 900.

bility, which, by reflex action, places the stomach in close relationship with the brain, the larynx, the fauces, the œsophagus, and even with the widest system of bloodvessels; but, with the exception of their fibres, which enter into the composition of the pharyngeal ganglia, the cardiac ganglia, the minute ganglia in the coronary plexus, as shown by Dr. Lee, the ganglia in the pulmonary plexus which Remak first described, and, finally, the left semilunar ganglion, the commixed fibres of the vagi have general rather than special functions. When they govern the action of vessels, I am disposed to think that they do so by virtue of the minute ganglia and plexus described and figured by Lehmann as existing in the tunica adventitia of large vessels, and extending their ultimate fibrils to the minute arterioles which have their middle coat entirely composed of muscular tissue.

Guided by analogy, we may infer that nerve-fibres from the semilunar ganglion, after passing through the gastro-hepatic omentum into the transverse fissure of the liver to the coats of vessels in the capsule of Glisson, whither I have traced them, terminate as other vaso-motor nerves do, and that the terminal fibrils of the pneumogastric or sensory nerves are distributed to the acini and biliary ducts.

It is thus that the innervation of the bloodvessels of all the abdominal organs may be effected, and the heart itself may regulate the general circulation by the dictates communicated to it by reflex action from the sensitive fibres of the pneumogastric nerves, and which are responded to by the motor fibres, or by the fibres of the sympathetic proper.

MM. Cyon and Ludwig have shown that it is through the splanchnics that these responses of the heart are communicated over the widest system of vessels in the body.*

The sensitive nerve by which the reflex action of the heart is originated is a separate nerve in rabbits, and may be demonstrated as such. It is formed by two roots—one from the trunk of the pneumogastric, the other from the superior laryngeal nerve. It descends by the side of the carotid artery and sympathetic nerve, and on entering the thorax it communicates with branches from the first thoracic ganglion, and is eventually lost in the substance of the heart.

If this nerve be divided in the neck, irritation communicated to the lower cut end produces no effect; but if the upper or centripetal cut end be irritated, a very sensible effect is produced on the blood-pressure in the carotid arteries.

By such a system of innervation the heart appears to be capable of regulating its own action according to circumstances, by exerting a reflex action on the important vaso-motor nerves of the general circulation.

The sensibility of the walls of the heart being excited by too large a supply of blood, reflex action is set up, which dilates the capillaries, diminishes the blood-pressure, and causes the blood to accumulate in the periphery. If, on the contrary, the internal sensibility of the heart be too feebly excited, the peripheric vessels contract, and blood is attracted to the heart.

The facts which I have thus strung together I will further utilise to show that many therapeutical agents, which have been used without an adequate appreciation of their special mode of action, may be employed with a positive knowledge of the tissues on which they act, and how they act.

(To be continued.)

* Cours Scientifiques, 1868, p. 421.

ON EXTRACTION OF CATARACT BY A PERIPHERAL SECTION OF THE IRIS WITHOUT INJURING THE PUPIL.

BY CHARLES BELL TAYLOR, M.D., F.R.C.S.E.,
SURGEON TO THE NOTTINGHAM AND MIDLAND EYE INFIRMARY.

I HAVE on former occasions, in the pages of THE LANCET, the "Ophthalmic Hospital Reports," and the "Ophthalmic Review," called the attention of the profession to a mode of extracting, in cases of cataract, which I have been led to prefer to all others, and which, so far as facility of performance and percentage of recoveries are concerned, has appeared to me to leave almost nothing to be desired.

I now wish to point out certain advantages I have derived from a further elaboration of the method. In the operation I have already described, the wound is subconjunctival, prolapse of the iris is prevented by excision of a small portion of that membrane, and the curvature of the line of incision is too slight to permit of reflexion of the flap. There is no tendency for the wound to gape; no gushing of the aqueous, and consequent displacement of parts; manipulation of the eyeball is both safe and easy. Every portion of the cataract may therefore be removed at the time of the operation, and a clear black pupil obtained, through which the patient may count fingers before the eye is bound up. Moreover, although it is not possible that all the cases should be successful, still entire loss of the eyeball from shrinking or suppuration does not occur more than four or five times in a hundred operations. What more can be desired? To this I reply that every modern improved method of extraction, whether it be Graefe's, Mooren's, Pagenstecher's, or the one I have described, involves the sacrifice of a portion of the iris extending from the periphery to the pupillary margin, and that the one thing more to be desired is, that with the same safety and facility of performance we should be able to secure for our patients that highest indication of success, a central and movable pupil.

Prolapse of the iris has always been the bugbear of extraction wherever iridectomy has not formed a part of that operation; and yet the extreme beauty and superexcellence of the results, when no accident has occurred and when all has gone well, after one of the old flap operations, is such that we constantly find ophthalmic surgeons abandoning the modern methods to revert to the old and necessarily much more dangerous flap extraction. When I was last in Utrecht I found that Professor Snellen had, in spite of the good results to be obtained by Von Graefe's and other modern methods, returned to the old flap operation; and the same is true of many other continental surgeons as well as of some of the most eminent in this country. Those, for instance, who have had the good fortune to study Mr. Bader's practice at Guy's Hospital must have noticed how frequently and with what excellent results he resorts to the old flap operation. I have myself on several occasions, actuated by a similar desire to save the iris and attain the maximum of success, extracted by my own method without excising any portion of the iris, merely enlarging the wound in a lateral direction sufficiently to permit of the exit of the lens. Dr. Macnamara, of the Calcutta Hospital, has also endeavoured to effect the same object by the use of the spoon. In my own experience, however, prolapse has occurred from time to time, and whenever I have left the iris untouched I could by no means say, as I was in the constant habit of doing when every step of my process had been fully carried out, that my anxiety had ceased with the operation, and that scarcely any subsequent treatment was necessary.

Latterly I have been endeavouring to ascertain whether it were not possible to combine the prevention of prolapse and the other advantages attendant upon an associated iridectomy with the central and movable pupil so much to be desired in all operations of extraction for cataract, and having attained that desirable consummation, I am anxious to lay before the profession the steps of the process, which are briefly as follows.

As a rule I administer a mild aperient the day before the operation, and extract the following morning before breakfast. Chloroform is much more pleasantly given under these circumstances. The risk of vomiting is to a great extent obviated, and that of all other accidents dependent upon anæsthesia diminished.

The instruments I employ are a pair of sharp forceps that pierce the sclerotic; a very light speculum (a modification of Von Graefe's); and two knives, a line in width, and bent at an angle similar to the ordinary iridectomy knife—one with a sharp point, the other with a blunt or bulbous extremity.

Having separated the lids with the speculum, the eye should be gently turned downwards with a pair of ordinary forceps in the operator's right hand. Having got the globe into a favourable position, it should be fixed by the sharp forceps at about the junction of the upper with the middle third of the cornea; the pointed knife is then entered in the corneo-sclerotic junction one or two lines from the forceps at the summit of the cornea, pushed well into the anterior chamber, and then, with a gentle sawing motion,

carried along the summit until about one-third of the cornea has been incised. The capsule is then carefully divided with Von Graefe's cystitome, having been previously rendered tense, and the eyeball fixed with a pair of ordinary forceps. (It is better to open the capsule at this stage, because bleeding from the wounded iris—and conjunctiva also—at a later period is apt to fill the chamber and render this part of the operation obscure and difficult.) The upper segment of the iris is then seized, and a small piece of the periphery only excised, the pupillary margin and portion of iris attached to it being left untouched and free in the anterior chamber; the lens is then extruded through the gap in the ordinary way, gliding behind the pupil, so that there is no stretching of the sphincter.

In this way I believe that I have secured all the advantages, in the way of safety and certainty, of an associated iridectomy (which I have already detailed), and at the same time attained that grand desideratum—a central and movable pupil.

FIG. 1.

FIG. 2.

FIG. 3.

The woodcut No. 1 shows the slight gap in the iris when the lid is forcibly raised in order to expose it; No. 2, the same eye with the lid in its ordinary position; while No. 3 exhibits the lens gliding behind the untouched pupil in the third stage of the operation.

The drawings Nos. 1 and 2 have been taken from enlarged photographs of patients operated on by this method; and, although they look like ideal sketches, I must say that, so far from exaggerating, they really fail to convey how thoroughly the end is attained, how very slight is the defect in the iris even when the lid is raised in order to expose it, or how natural is the appearance of the eye under all ordinary circumstances; in fact, without very careful scrutiny, no one would guess that the patient had been operated upon at all.

The appearance is quite equal to excellent flap results, and, so far as vision is concerned, I expect much better averages than with that time-honoured operation, since the position of the wound is such as to obviate all risk of interference with the natural curves of the cornea and consequent astigmatism, which so frequently tended to depreciate the results, and disappoint both patient and operator, in Daviell's method.

Nottingham, October, 1871.

CASES IN GENERAL PRACTICE.

BY JAMES THOMPSON, M.D.

THE following two cases, which recently occurred in my practice, may perhaps be deemed of sufficient interest to justify the publication of a report of them in the pages of THE LANCET.

RUPTURE OF THE LEFT VENTRICLE OF THE HEART.

I was hastily summoned, in consultation, to the bedside of a gentleman, aged fifty-six, who had been in good health and actively employed up to twenty-four hours before he complained of pain. He had retired to bed well, and had slept fairly; but on attempting to rise from bed he felt a severe pain in the chest, which he attributed to indigestion, and for the relief of which he took emetic doses of mustard, without any effect. He then sent for a medical friend, who administered an emetic of ipecacuan, and subsequently the patient took an ounce of ipecacuanha wine, all without any emesis, but with some straining, and with no relief to the pain, which continued to increase. Hot applications were then used and an opiate given, his medical friend remaining with him during the night. Towards morning he became alarmed by the increase of the distress, and called me to his aid; but the patient was moribund, and died in great pain thirty minutes after my arrival.

At the post-mortem examination, made twenty-four hours after death, the body was found well nourished and fat. The right lung was adherent, and the pericardium, distended with fluid, contained a large blood-clot; the anterior surface was ecchymosed, and close to the apex a small rupture, a quarter of an inch long, was seen. On opening the left ventricle, a probe could be passed through, but not readily; and a number of layers of lymph closely adhered to the ventricular surface, being an apparent attempt of nature to stop the leak. All the other organs were healthy. On microscopic examination the muscular coat of the heart proved to be almost entirely changed into fat, being a good specimen of fatty degeneration. The substance tore like blotting paper on the slightest traction. The length of time before death supervened is remarkable, and must have been due to the partial stoppage of the effusion into the pericardium by the layers of lymph.

CONGENITAL NARROWING OF THE CANAL OF THE RECTUM.

This patient, aged forty-six years, was a member of a family in which there is a history of "trouble in the lower bowel." He had a chronic abscess in the region between the upper surface of the right lobe of the liver and the diaphragm, which burst and caused peritonitis and ultimately death, three weeks after bursting, from sympathetic fever.

An autopsy was made twenty-four hours after death, and a state of parts found tallying with the above description. On examining the rectum, it was found to be only large enough to permit the entrance of the tip of the little finger throughout the whole length, and there were considerable masses of hæmorrhoids around the anus. The original abscess appeared to have been caused by straining while

rowing some years previously, and, before the rupture, had not been diagnosed or suspected. It compressed the liver considerably, and this, combined with the congenital malformation of the rectum, had caused the hæmorrhoids, from which he had suffered much during life. There was always a difficulty in having the fæces fluid enough to pass the narrowed canal.

Leamington, October, 1871.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. MARY'S HOSPITAL.

SUMMARY OF FIVE CASES OF ACUTE RHEUMATISM; WITH CLINICAL REMARKS ON THEIR DURATION AND TREATMENT.

(By Dr. HANDFIELD JONES.)

THE abatement of the symptoms of acute rheumatism is so gradual that it is difficult to date accurately the cessation of all morbid action; but in the following cases the subsidence of pain, and the decline of the temperature and pulse to the normal standard, have been taken as the guide. If any inaccuracy remains to be allowed for, it is that the duration of the disease has been overestimated rather than the reverse.

In the case of J. E——, aged forty-nine, whose attack lasted about forty-five days, alkalies were resorted to for two days, then quinine in full doses, and lastly strychnia. His urine remained alkaline for sixteen days or more after the alkali had been omitted. A. B——, aged thirty-three, recovered completely in eleven days. Full alkaline treatment was commenced on the fourth day, and gradually slackened. He took no other kind of medicine. In the case of C. G——, aged twenty, the disease lasted only nine days. The treatment commenced on the third day, and consisted exclusively of five-grain doses of quinine, four times a day. His urine was found to be alkaline on the fourth day. J. B——, aged twenty-seven, was admitted on the fifth day of illness, and remained subject to rheumatism about twenty-nine days. Five-grain doses of quinine, repeated four times a day for three days, produced no improvement. He was therefore ordered one grain of iodide of potassium and five grains of the bromide, in two ounces of citrate-of-potash mixture, every two hours. In four days he exhibited a decided improvement, and in a week he was comparatively well. The fifth case was that of a man of good constitution, thirty years of age, who was admitted on the fourth day of his illness. He had full alkaline treatment and none other, and recovered in thirteen days.

Dr. Handfield Jones's remarks on these cases were to the following effect:—It is clear that acute rheumatism has not a fixed period of continuance, but is, on the contrary, subject to very considerable variations. The question then arises, on what conditions do these variations depend? To some extent, possibly, on the time which elapses before a case comes under treatment, but to a very much greater extent on the *quality* of the individual system. Some systems present a much greater resisting power to morbid agencies than others, succumb when they are overborne only for a short time, and then rapidly spring back again to health; others when once depressed are very slow to regain their former status. Advanced life and debility, however induced, favour the latter condition. Predisposition to a particular disease must also be taken into consideration: some are prone to gout, some to rheumatism, some to Bright's disease, and some to fatty degeneration; and whatever that predisposition may consist in, the man who is predisposed to rheumatism will succumb more readily to acute rheumatism, and recover more slowly than a man who is not. Therefore, as it is difficult in any given case to form a definite estimate of the strength of a man's constitution, or of his degree of debility, as well as of his predisposition to disease, it is a very difficult matter to determine beforehand the duration of an attack of rheumatic fever.

The next question is, what are the circumstances which should direct the physician in the choice of *remedies?* These also admit of only vague definition. In some measure they depend on the same circumstances which influence the duration of the disease. It is almost certain that as soon as the *urine* becomes alkaline (and it is so sometimes from the commencement), the use of alkalies will be not only useless, but injurious; still more certainly will it be so if the perspiration also be alkaline or neutral. If, on the contrary, the urine be highly acid and rather scanty, alkalies are very likely to be serviceable. When there is great thirst, with a dry, clammy mouth, alkalies in an effervescing form are very grateful. The state of the *pulse* is important. If it be very weak and soft, alkalies are contra-indicated; this is especially the case if, at the same time, the skin yield a copious flow of neutral sweat. In such cases quinine in full doses is very often of great service. Not unfrequently a mixed treatment of alternately given quinine and alkalies, as practised by Dr. Garrod, is productive of much good. In a recent case of a woman who was very weakly, anæmic, menorrhagic, much distressed, restless and half delirious at night, with a high temperature, that treatment was followed in four days by almost entire freedom from rheumatic pain, and by greatly improved sleep, although the temperature remained high for many days afterwards.

The condition of the *nervous system* should be noted. When it is irritable bromide of potassium and repeated subcutaneous injection of opiates afford more relief than any other measure.

Blisters are allowed by Dr. Gull and Dr. Sutton as valuable agents in relieving suffering, though they do not curtail the course of the disease. But they are not suited to cases in which there is not much inflammatory swelling, although the pain and intolerance of movement be very great; they add to the nervous irritability, and may advantageously be made to give place to continuous poultices, medicated, perhaps, with laudanum or an alkaline solution.

Purgatives, containing calomel, or podophyllin, or extract of colchicum, should always be given at the outset, and repeated according to need if the tongue be foul, the taste perverted, and the patient loathe food.

For the *pains* which are apt to linger *about the shoulders and arms* after all febrile action has ceased, the subcutaneous injection of atropia will generally be found to be the best remedy, but sedative liniments are often useful.

As to *food*, the leading of the appetite should be followed. It can be of no use to intrude on an unwilling stomach food which it cannot digest; but as soon as the patient desires solids he should have them. Until then, soups and milk and such like food are essential.

A high temperature appears to be rather an indication for giving than withholding *stimulants*, and wine should always be given during the febrile stage if the patient be low.

In conclusion, Dr. Handfield Jones said that remedies administered carefully and with discrimination may, and often do, effect much good; and that, although the intimate pathology of acute rheumatism is so little understood that a rational treatment is impossible, no justification can be advanced for the neglect of treatment by drugs.

ST. THOMAS'S HOSPITAL.

TWO CASES OF TETANUS TREATED WITH HYDRATE OF CHLORAL; RECOVERY.

(Under the care of Mr. CROFT.)

IT will be observed that neither of the following cases belonged to the most acute and commonly fatal kind. In their treatment, hydrate of chloral was used to the exclusion of such drugs as opium, atropia, aconite, Indian hemp, &c. Purgatives were administered as occasion required.

There is not any uncertainty, therefore, as to which drug the relief was due. The action of the chloral was such as to induce physiological rest. In this way the reparative powers of the sufferers were supported and increased, while the incidental pathological condition underwent those favourable changes which in the end were curative.

CASE 1.—William S——, aged fourteen, basketmaker, was admitted with the following history. Thirteen days previously, while he was at work, his knife slipped and cut across the outer border of the left forearm near the wrist. The wound was about an inch and a half long, and bled freely. He was advised to go to the hospital on the fourth day, and attended as an out-patient up to the day of his admission.

On admission, at midday, he presented the risus sardonicus and stiffening of the muscles of the jaw and neck. He was ordered to be cupped over the lower cervical and upper dorsal spines to six ounces, to take a dose of castor oil, and to have a retired, quiet bed. — 5 P.M.: Has had slight twitchings of face and limbs; risus marked; the bowels have acted; he has taken beef-tea and milk. — 8 P.M.: Frequent slight spasms occur; he is restless, and moves with difficulty. Ordered ten grains of chloral with ten of bromide of potassium.

Second day.—Slept for an hour after his draught. On awaking the spasms became frequent and he was restless.—2 A.M.: The draught was repeated and he slept until 8 A.M., but not soundly. The bowels acted, and he passed water during the time. Tongue coated yellow.—10 A.M.: Temperature 99°.—12 noon: Has had less twitching of limbs and face.—4 P.M.: Has bitten his tongue in spasms; opisthotonos and pains in back; bowels have acted freely.—8 P.M.: Temperature 100·1°; skin warm and moist; tongue coated brown. Ordered chloral every four hours and poppy fomentations to the spine.

Third day.—Chloral repeated at 12, 4, and 8 A.M. He slept at intervals, but was restless. Had spasms with opisthotonos. Took plenty of fluid and light nourishment.—11.15 A.M.: Temperature 100·1°.; pulse 74. He is more rigid; the muscles of the back very stiff; the head drawn back on to pillow; skin warm and moist.—3 P.M.: Severe fit affecting whole body; head and feet dug into bed; arms extended; face flushed; features distorted; profuse perspiration.—5 P.M.: No return of spasm.—8 P.M.: Has been asleep for two hours, but was disturbed by twitchings and flexions of legs; tongue brown. Has taken chloral every four hours.—8.40 P.M.: Temperature 100·7°; pulse 100.

Fourth day.—After the draught at 8 P.M. he slept until 12 A.M., but had frequent spasms. Draught repeated at 12 A.M. and 4 A.M., but he did not sleep until 5 A.M., when he fell asleep and slept soundly until 8 A.M.

Fifth day.—Has passed a bad night; has had several spasms, with painful opisthotonos and extended arms.—4 P.M.: Has not taken any chloral since 3 P.M. yesterday. To take twenty grains every five or six hours.

So matters went on till the tenth day, with daily decreasing spasms, the chloral being given in frequently repeated doses.

Eleventh day.—He slept well during the night, requiring to be roused to take nourishment. No severe spasm occurred during the night or day. He took nourishment well. Chloral at 2 A.M., 8 A.M., and 10 P.M. At 10 P.M. temperature 98°; pulse 98.

From this time he steadily improved. The spasmodic seizures slowly diminished in force and frequency. He took nourishment well. Chloral was given as occasion seemed to require. The bowels were costive and demanded purgatives. The temperature and pulse remained about the same.

The chloral was continued about every six hours until the thirtieth day, when it was abandoned. No spasms were noticed after the twenty-sixth day. He remained in the hospital until the sixty-second day, when he went out strong and well.

CASE 2.—S. A. A——, aged nine years, was admitted half an hour after having scalded herself with water from a tea-kettle. Both thighs and knees were injured, but chiefly the left. Superficial sloughs of integument separated and left granulating sores.

On Dec. 2nd (the fourteenth day after admission) the sister reported that the child had not slept well. The sores bled on being dressed, and the child screamed from the pain of dressing. Warm-water dressing was used. She was restless and irritable, and said she had a sore throat, difficulty in swallowing, and pain at the back of the neck. On the next day she complained still of dysphagia. She had not slept well. Had taken her food much as usual.

On Dec. 4th, after a sleepless night, she had a general tetanic seizure. The legs were rigid, the back was arched, and she suffered pain at the epigastrium. The muscles of the abdomen were tense. The "risus" was plainly marked; all muscles of expression being in a state of tension. Skin dry; tongue dry; pulse quick; sores ceased discharging. At 11 A.M. fifteen grains of chloral hydrate were administered, and the dose was repeated at 2 P.M. At 3 P.M. she was asleep; at 5 P.M. she had one very slight spasm; she took beef-tea and wine; at 9 P.M. she took two grains of calomel; at 10 P.M. twenty grains of chloral hydrate.

She had slight attacks during the next week, but these were kept under by the chloral, given, in from ten- to twenty-grain doses, three or four times a day. From Dec. 12th she gradually improved. On the 21st the report states that at 6 A.M. the sister of the ward found the child drowsy, not rousable, with pupils alternately contracted and dilated, with a natural expression of face, but convulsions of the trunk and extremities. She then had a severe attack of tetanic spasm, which was relieved by chloral injected into the rectum. In the end she was discharged quite well, and with useful limbs. The chloral was repeated night and morning until the thirty-seventh day of the attack, when the morning dose was discontinued. On the thirty-eighth day the evening dose was given up, and she was pronounced free from all traces of tetanus.

Remarks.—In the first case a temperature of 100·7° F. was noted on the evening of the third day. This sudden elevation and rapid decline seem to be characteristic of tetanus, though it cannot be relied upon as a sort of index to the probable future course of the disease. In both cases constipation, as is common in tetanus, was a marked symptom. Each patient manifested decided relief after free evacuation of the bowels. A remarkable blush of erythema occurred several times in the first case. It was traced to the ingestion of port wine quickly after a dose of chloral. Mr. Croft has never observed it to occur after chloral only. Of the sudden attack which occurred to the little girl on the twentieth day he professes himself unable to offer any explanation, except that it would appear to have been a sudden relapse of tetanus attended by unconsciousness. The administration of chloral by the rectum seemed to be followed by the happiest results.

CHARING-CROSS HOSPITAL.

EXCISION OF THE FIRST INTERPHALANGEAL JOINT OF THE RING-FINGER; RECOVERY, WITH FLEXION AND EXTENSION OF FINGER.

(Under the care of Mr. BELLAMY.)

RESECTION is an operation rarely performed on any other digit than the thumb; in the present instance it not only saved the finger, but enabled it to recover a useful range of motion.

The patient was an ostler, twenty-nine years of age. The first interphalangeal joint of the ring-finger of one hand had become disorganised by inflammation set up by the bite of a horse. Bare bone was detected on introducing a probe into a sinus which led to the joint. The neighbouring tissues, especially those on the palmar aspect, were healthy. The patient was in fair health, and very unwilling to undergo amputation. The ends of the phalanges were exposed by means of a straight incision, and removed, not without injury to the extensor tendon. A week after the operation, the wound having nearly healed, a curved splint of gutta-percha was adjusted to the palmar aspect of the finger. Every time that the dressings were renewed, the curve of the splint was increased, and the finger, having been first extended, was fixed into a position of increased flexion. On the occasion of the patient's last visit to the hospital, he possessed full power of flexion over the finger and considerable power of extension; according to his account, he could make very fair use of it.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, OCTOBER 24TH, 1871.

MR. CURLING, F.R.S., PRESIDENT, IN THE CHAIR.

A CASE OF LARGE BILIARY CONCRETION IN THE ILEUM.

BY F. LE GROS CLARK, F.R.C.S.,

SURGEON TO, AND LECTURER ON SURGERY AT, ST. THOMAS'S HOSPITAL.

THE author gave the details of a case occurring in a patient aged fifty-eight, who was seized with abdominal pain and bilious vomiting, accompanied by constipation. A hard tumour was to be felt in the right hypochondrium. There was no abdominal tenderness or distension. On the eleventh day the vomiting became stercoraceous. Two days later the bowels were open and the vomiting ceased until ten days later, when it recurred, and continued at intervals during a week. For three weeks after this time the bowels acted daily, and there was no sickness. The patient was then seized with severe abdominal pain and vomiting; the abdomen was tender, especially over the region of the cæcum, where a hard tumour could be felt. Death took place two months from the commencement of the first attack. At no period of her life had the patient suffered from jaundice.—The post-mortem examination revealed the existence of extensive peritonitis. Two large gall-stones occupied the ileum close to the valve. An ulcerated opening in the small intestines had permitted the escape of several small gall-stones into the peritoneum. The gall-bladder was healthy; there were no adhesions between it and any portion of the intestines. There was no trace of any ulceration either in the gall-bladder or in the neighbouring intestines.—The concretions measured 1 in. in length and 4 in. in circumference. They seemed moulded to the shape of the ileum. On examination, it was found that the stones were composed of 95 per cent. of cholesterine, and that nothing had been added to them in the intestines. The gall-ducts were dilated and thickened. The author drew attention to the singular absence of any proof that these concretions had passed by ulceration from the gall-bladder to the duodenum, though this is the only way in which such large bodies could have entered the intestines.

Mr. DE MÉRIC asked what were the grounds of the diagnosis with regard to the cause of the obstruction. He had been consulted in a somewhat similar case, where, however, there was no post-mortem, so that he was left in the dark as to its exact causation.

Dr. A. P. STEWART remembered a patient in the Middlesex Hospital with obstinate stercoraceous vomiting. No relief could be obtained, and after death a gall-stone as large as any of those exhibited was found impacted in the ileum. It was smooth and rounded, and constituted a complete barrier to the passage. There were distinct marks of ulceration in the gall-bladder and duodenum. The year before last he had seen a lady with intense pain; suddenly she obtained rest, but again the pain came on, and again relief followed. Next day she passed a calculus the size of a pigeon's egg. It was almost certain this had passed by the ductus communis.

Dr. HABERSHON said such cases were interesting for their rarity and the difficulties of diagnosis. Some years ago he had a somewhat similar case in a lady over fifty years of age. She had pain and bilious vomiting, and died in ten days. They found a large gall-stone in her jejunum. There had been no peritonitis, and no stercoraceous vomiting. There were adhesions between the gall-bladder and duodenum, but no regular cicatrix.

Mr. LE GROS CLARK said there had been great difficulty in coming to any diagnosis, and that it was only reached by way of exclusion. There were no inflammatory symptoms, and no signs of malignancy, so he considered the obstruction due to scybala, and directed his treatment accordingly.

ON ETHER AND CHLOROFORM AS ANÆSTHETICS.

BY J. WARRINGTON HAWARD,

ASSISTANT-SURGEON TO THE HOSPITAL FOR SICK CHILDREN.

The paper commenced by stating that, it having been suggested to the author that the statements of Dr. Bigelow and other American surgeons showed that ether as an anæsthetic had been to our detriment neglected, he had, during the past year, practically investigated the subject, and had arrived at the conclusion that ether was, for several reasons, to be preferred to chloroform. Of these reasons, the strongest was the greater safety of ether, for by using it the chief, and in skilled hands probably the only, cause of fatal cases of chloroform inhalation was excluded—i.e., paralysis of the heart; ether being a stimulant to the heart's action, and uniformly improving the pulse. The second was that ether, from its stimulant quality, was antagonistic to the effects of the shock of an operation, which the author maintained, and quoted cases to show, was not abolished by rendering the patient insensible. A third was the greater liability of chloroform than ether to produce after-sickness. The principles and mode of administering ether were then described, and it was shown that if these were attended to, the production of anæsthesia by ether was as easy and certain as by chloroform and required but little more expenditure of time or the drug. The only cases to which ether was not so applicable were operations upon the mouth, in which an inhaler could not be used, and where it was necessary to re-administer the anæsthetic as rapidly as possible without an inhaler. There were two appendices to the paper: the first consisting of a table of fatal cases of chloroform; the second, of a table of ninety-seven cases in which the author had administered ether, including amputations, excisions, perineal section, lithotomy, lithotrity, staphyloraphy, vesico-vaginal fistulæ, ligature of piles, and other operations. Especial note was taken of the occurrence of after-sickness, and the only approach to it was that in one case, after an operation for recto-vesical fistula, the patient vomited once, an hour after the operation.

The PRESIDENT regretted that no notice had been taken of the proposal of the Society's committee to use the mixed vapours of alcohol, ether, and chloroform.

Mr. SPENCER WELLS said the mixed vapours of ether and chloroform had been employed at Vienna, but it was found that the ether evaporated first, and that after it had gone the patient was drenched with the chloroform. He had long felt objections to chloroform, especially as regards the vomiting it produced. This was particularly objectionable in many of the operations he had to undertake, especially in the abdomen and vagina. He had tried ether on the advice of Dr. Keith of Edinburgh, but it was so troublesome that he was glad to take to bichloride of methylene. This he thought the best anæsthetic; sickness after it was rare. Some said it was only a mixture of chloroform and hydrochloric ether; that might be so, but as long as it suited his purpose he did not care what it was chemically. It was best given by Jünker's apparatus.

Dr. DAY said he had frequently given bichloride of methylene for Mr. S. Wells, and was much satisfied with it. He entered at length into its chemical characters, and exhibited the apparatus referred to.

Dr. SANSOM said the data available did not admit of an accurate estimate of the relative danger of chloroform and ether. He differed from the author alike in his estimate of ether and chloroform. He could not call the former safe. Relatively, chloroform was more manageable and less nauseous than ether. He considered the great danger of chloroform lay in its depressing action on the heart; but this could be avoided. It was true ether and chloroform did not go off together, but alcohol acted by restraining them both. By injecting morphia C. Bernard found that much less chloroform was required to produce anæsthesia. It was best to give morphia subcutaneously first, and chloroform afterwards, or to administer chloroform and alcohol together, or chloroform first and ether next, as he had first proposed some time ago.

Mr. HOLMES said he had tried ether some years ago. It required twice the time chloroform did to produce anæsthesia; but this was an insignificant trouble if it were safer. He tried to favour the escape of the vapour by using a hot sponge, and it blistered the face of the patient. Violent convulsive movements were also induced by it in certain patients. Its relative safety was doubtful, for the statistics were more than suspicious. It was really impossible to avoid danger in the production of anæsthesia.

Mr. BRUDENELL CARTER had tried ether on himself, and the taste of it hung about him a long time. This was an objection to its use.

Dr. HUNTER said if they used other narcotics they must look to the lungs as well as to the heart. In one of these compound cases he had nearly met with a fatal result. It was best, he thought, to use morphia when the effects of the chloroform were passing away.

Mr. CLOVER remembered that sickness followed the use of ether when that anæsthetic was first used in this country. He had been in the habit of giving nitrous oxide first, and then ether, as the great difficulty was to get patients to inhale it freely. As to the giving of chloroform, the modes of giving it were of the utmost importance. He was convinced that a mixture of 4 per cent. of chloroform with air had a totally different effect from a mixture of 6 per cent.

Mr. HAWARD, in reply, pointed out that he was no special advocate for ether. He had tried it, and he had been struck with the results as being different from those commonly reported. The evidence was rather in favour of its safety. If, therefore, it could be easily employed, it would be well to use it; and he had shown that it could. The pulse really improved under its use. He had seen the combined fluids used; they produced excitement. No peculiar unpleasantness was left behind by ether.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCTOBER 23RD, 1871.

DR. ANDREW CLARK, PRESIDENT, IN THE CHAIR.

Mr. SPENCER WATSON showed a case of Traumatic Dislocation of the Crystalline Lens into the anterior chamber. Glaucomatous symptoms were set up, with very severe pain and intra-ocular tension. The lens was extracted through an incision made in the ciliary region of the sclerotic at the lower and outer side. The result was good.—Mr. Watson also exhibited a case of Congenital Displacement of both Lenses, in a patient aged fourteen. When the pupils are natural in size the irides are tremulous, and when the eyeball is moved inwards the pupils become oval, and the plane of the iris near the pupil is obliquely inclined on the inner side as if from the lens pushing it forwards; at that part there is a slight divergent squint, and the child's aspect peculiar. The father's sight is defective, but that of the mother and of a younger child is good.

Mr. HENRY SMITH then related an interesting case of Lithotrity followed by Lithotomy. The crushed stone was shown. The patient was a healthy country gentleman aged seventy, who was determined to have lithotrity performed. The bladder was healthy and tolerant of sound, the urethra capacious, and the stone of a size convenient for crushing. The stone was seized without trouble, and crushed in a few seconds. In forty-eight hours violent inflammation came on, and his life was placed in peril. In ten days he was free from danger, and then consented to have lithotomy performed. The lateral operation was done, and he made a speedy recovery.

Mr. BRYANT called attention to the extreme importance of a course of sounding. In stricture and stone in the bladder, especially in the latter, the passage of a sound may set up urethral fever. In a case of stone, for which lithotrity was proposed, he sounded several times; on the third occasion the lithotrite failed to detect the stone, and the operation was postponed. Rigors and much constitutional fever set in, and the patient died on the fifth day; disease of the kidneys was present.

A very ingenious method for applying dry cold to the eye was shown by Mr. WATSON. Ordinary india-rubber air-balls were filled with water, placed in a basin containing iced water, and applied to the eye, being changed at intervals. Different sizes could be used, and they adapted themselves well to the part.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, OCTOBER 17TH, 1871.

MR. T. HOLMES, VICE-PRESIDENT, IN THE CHAIR.

DR. PEACOCK exhibited a Heart which showed a very marked amount of disease of both the aortic and mitral orifices. The patient was a lad who before his death had had four or five attacks of acute rheumatism, and three of chorea. During life his aspect was so exceedingly cyanotic as to give rise to the strongest suspicion of congenital malformation of the heart. In addition to the valvular disease there was a considerable amount of general endocarditis, the endocardium being in places fully a line in thickness.

Dr. T. H. GREEN showed a case of Acute Interstitial Hepatitis. The patient was a boy aged nine, who was admitted into Charing-cross Hospital in July last. On admission he was suffering from jaundice. A few days after his admission his pupils were noticed to be remarkably dilated. This was followed in a short time by violent delirium, which continued without appreciable abatement till his death, which occurred ten days after his admission. At the post-mortem examination, a couple of enlarged lymphatic glands were found pressing upon the common bile-duct, and the connective tissue throughout the liver presented every appearance of recent inflammation. The stomach and intestines contained a considerable amount of blood, of which there had been no indication during life.

Dr. MURCHISON inquired if there was any elevation of temperature. Supposing the jaundice had not been present the cerebral symptoms would have made the diagnosis a difficult one. In cases of acute atrophy of the liver with cerebral symptoms the temperature is not raised.

Dr. GREEN replied that at no time was there any appreciable pyrexia; and, in answer to Dr. Bäumler, stated that no tyrosin had been found in the liver substance.

Dr. MURCHISON next called the attention of the Society to two cases of Hydatids of the Peritoneum, and exhibited a number of hydatid cysts which had been removed from one of these patients during life by Mr. Spencer Wells. The first case was that of a married woman aged twenty-nine. She was married at the age of nineteen, and continued in good health till three months after the birth of her first child, when she was awakened one night by severe pain just below the margin of the right ribs, near the ensiform cartilage. The pain was accompanied by tenderness, faintness, giddiness, and vomiting, and a swelling (which has remained ever since) appeared in the situation of the pain, about the size of a small egg. Her health now began to decline, and after the lapse of three or four years she noticed a swelling in the right iliac region, which has been gradually increasing, and about nine months ago noticed other lumps scattered over her abdomen. She had been liable to occasional severe paroxysms of general (not local) pain in the abdomen. She was supposed to be suffering from an ovarian tumour, and was sent to the Samaritan Hospital for treatment. The case being evidently not one of ovarian disease, Mr. Spencer Wells transferred her to the Middlesex Hospital, to be under the care of Dr. Murchison. At this time the pain in the abdomen was constant and severe, though there was nothing of the lancinating pain of cancer. The surface of the abdomen (which was greatly distended) presented to the eye a distinctly nodulated appearance at every part, which became still more distinct on palpation, and several round, movable, very elastic tumours, varying in size from a cherry to an orange, and giving distinct "hydatid vibration," could be felt. The hepatic dulness reached to the upper border of the fourth rib, but the lower border could not be defined, owing to the dulness given by the nodular mass. In the left flank (patient lying on back) there was tympanitic resonance. No jaundice; slight dyspnœa due to pressure, but no other pulmonary symptoms. The patient was suddenly, and without notice, removed from the Middlesex Hospital by her husband. She again went to the Samaritan Hospital, and Mr. Spencer Wells, finding no cyst large enough to make any difference by tapping, made a small incision, and removed three or four pounds of the hydatids, leaving at least as many more behind. The patient did well, and obtained by the operation considerable amelioration of her condition. The second case was that of a man aged forty-five, who for twelve years had suffered from the condition for which he was admitted into the Middlesex Hospital. His abdomen was much distended and nodular, the nodules being less numerous and bigger individually than in the case of the woman. The nodules presented all the physical signs of hydatid cysts. One small cyst was successfully tapped, and he was discharged at his own request.

Dr. WILKS mentioned a similar case as having occurred at Guy's Hospital, in which Mr. Bryant made an incision in the abdomen and successfully removed the hydatids.

During the discussion it appeared that in Mr. Bryant's case the tumour consisted of one large cyst containing numerous smaller ones, and the operation was undertaken in the belief that the tumour was an ordinary ovarian cyst. In Mr. Wells's case, however, the cysts were not enclosed in a parent cyst, and a correct diagnosis of their nature was made before the operation was undertaken. This, Dr. Murchison thought, constituted a distinct difference between Mr. Bryant's case and Mr. Spencer Wells's, which, he contended, was unique.

Mr. HOLMES regretted that Mr. Spencer Wells was not present to give some account of the surgical details of the operation.

Dr. WILKS asked if Dr. Murchison considered that the hydatids had originated in the liver or the peritoneum.

Dr. MURCHISON replied that in the second case they probably primarily originated in the liver, but in the case of the woman their point of origin was doubtful. Mr. Spencer Wells did not see or feel the liver during his operation.

Mr. HULKE mentioned the fact that peritoneal hydatids were not uncommon in the pig.

Dr. ROBINSON exhibited a specimen of Acute Inflammation of the Larynx. The patient, without any very urgent symptoms referable to his larynx, died very suddenly after drinking a draught containing thirty grains of the hydrate of chloral.

Dr. PAYNE read a report of the Microscopical Examination of some Lymphomata taken from a patient who had died of Hodgkin's disease, with enlargement of the lymphatic glands throughout the body. Dr. Payne had made out that in the early stages of the disease there was an increase of the lymph elements of the gland, but that in the later stages the fibrous elements of the gland predominated, the true lymph elements being no longer in excess.

Dr. GOODFELLOW exhibited a Heart with an Aneurismal Pouch-like Dilatation of the wall of the Left Ventricle, close to the aortic valves.

Dr. MURCHISON also exhibited a similar specimen, in which the aneurismal pouch "grew" from the ventricular wall just behind the posterior flap of the mitral valve. The pouch itself was as big as a small orange, the orifice of communication with the ventricle being of about the size of a pea. The heart was otherwise healthy.

Dr. MOXON raised a question as to whether that form of suppuration of the kidney which was so often found post mortem as an accompaniment of stricture of the urethra, could, in cases where the stricture was successfully treated, be recovered from.

In the opinion of the Chairman and others, there was no valid reason why recovery of the kidney condition should not take place.

THE HUNTERIAN SOCIETY.

IN the opening address at the Hunterian Society, on the 12th ult., the President (Mr. HOVELL) remarked that the tendency of the present state of therapeutics lay too much in the direction of applying particular remedies to particular forms and stages of disease, but that it was deficient in design. He submitted that "the healing art" wanted lifting; that in order to a scientific therapeutic system it was necessary not only to define clearly the state of the case, but to reduce it to an abstract principle, and treat it accordingly. Thus, in epilepsy the alternative presents itself of treating the susceptible condition, say with bromide of potassium, or the centric and eccentric causes of irritation which act upon it. Common turpentine, given with the intention of removing tapeworm as a cause of eccentric irritation, it was contended, was, in this sense, a scientific remedy. Again, in small-pox, Dr. Munk had proved the importance of healing the attendant excitability with small doses of narcotics. But in cholera that plan of treatment was doubtful, if not dangerous; but if Dr. George Johnson was right, the therapeutic point was to remove the *cause* by castor oil. In point of fact, a clear and well-defined principle of action was essential to the right treatment of every case, and the want of it an obstacle; and this abstract of therapeutics is within the scope of every well-educated practitioner.

Mr. Hovell considered the present state of therapeutics to be in accordance with the tendency to materialism; that the investigating mind was apt to attribute to matter the faculties with which it was endued—to overlook design, to mistake effect for cause. Thus Kepler, the astronomer, thought the earth must be an animal because it moved in a certain way; and Mr. Huxley had fallen into a similar error, and mistaken the body as the seat of life, for the matter, or principle of life. Mr. Huxley's arguments on this subject were shown to be fallacious. The question was raised whether Dr. Tyndall gloried in materialism as the perfectibility of matter, or as in any way creating the design which ordered and arranged that perfectibility. Mr. Hunter's position regarding latent germs and capacities, with their power of being developed under certain circumstances, was contrasted with Mr. Darwin's hypothesis of the origin of species by natural selection. It was submitted that Mr. Darwin had confused improvement in breed with creation of new species. It was contended that protoplasm was inert without vitality, just as the body was inert without life. That the late Sir W. Lawrence had fallen into the error of considering life to be the product of the body. That the propagation of the whole animal kingdom was but the development of germs under certain circumstances, favourable or otherwise, and that vitality was essential to this development. That nerve power was the means of expressing vital force; that every impairment of nerve force impaired, not vitality itself, but its connexion with the material body. Lastly, will, as a principle of action, was distinguished from volition, as a means of expressing that will. In paralysis the will to act might exist without the power of volition.

In pathology and natural science the faculties of observation, memory, and reflection were principally called into play, but design was essential to the "art of healing." The pathologist *per se* was often a disbeliever in therapeutics, because he was called upon to exercise a different faculty, that of invention or design. The solid reasoning powers of Faraday were favourably contrasted with what the President regarded as the illogical conclusions of Mr. Huxley.

Reviews and Notices of Books.

Introductory Notes on Lying-in Institutions; together with a proposal for organising an Institution for training Midwives and Midwifery Nurses. By FLORENCE NIGHTINGALE. London: Longmans, Green, and Co. 1871.

LYING-IN INSTITUTIONS have been frequently made the subject of discussion, and especially so of late years, by eminent statists and physicians of this and other countries. They have been put on their trial on the gravest charges, and the verdict of public opinion has, unquestionably, not been in their favour. The logic of facts has been against them. Miss Nightingale has recently reopened the subject, and the results of her investigations are embraced in the present volume. On all questions affecting hospital construction and hygiene Miss Nightingale has earned a title to be heard; and she has on this occasion discussed a very important subject in her accustomed out-spoken, practical way.

After making every allowance for the various sources of fallacy to which the statistics of domiciliary confinements are open, and recognising the objections urged against the accuracy of the figures, Miss Nightingale considers that the Registrar-General's average total mortality of 5·1 per 1000 may be received as affording a sufficiently close approximation (as a basis of comparison) to the actual death-rate among lying-in women delivered at their own homes in England. The value of these deductions and of those of M. Le Fort has been called in question by Dr. Matthews Duncan and others; and, as a set-off against the high mortality of nearly 8 per 1000 in home practice, as quoted from Dr. M'Clintock's collection of statistics, Miss Nightingale cites the results of an analysis of 4132 consecutive cases in midwifery supplied her by Mr. Rigden, of Canterbury, which give a total mortality of 2·17 per 1000, with rather

less than 1 per 1000 from puerperal fever. The mortality rates at a number of different lying-in hospitals, both in this country and abroad, are next passed in review, with the purpose of showing the striking contrast exhibited between various institutions of different size and different systems of administration. The total mortality of eight military lying-in hospitals gives a death-rate of 8·8 per 1000; that of Liverpool workhouse 9·06 per 1000, and of the London workhouses 9·8 per 1000. These results are deduced from a large number of deliveries extending over some years. If limited periods be taken, however, the mortality will be found to be very much reduced. The *total* death-rate of the last three years, out of 1416 deliveries in the Liverpool workhouse, was only 4·2 per 1000; and there were thirteen London workhouses in which, in five years, 2459 deliveries, but no deaths in child-bed, took place. On turning to British hospitals and maternities the results are far different; while the death-rates in these, again, are small in comparison with those which have ruled in many foreign hospitals. They rise higher and higher, until they "culminate in a death-rate of no less than 140 per 1000, at Strasbourg, on a four years' average among 556 deliveries." These numbers are small, and the conditions might have been altogether exceptional, so that objection might very fairly be taken to these results; but Miss Nightingale appears to be quite warranted in stating that the absolute loss of life in Parisian lying-in wards has been greater than in those of any other capital city. "Why should fevers and inflammations of the puerperal class, which give a death-rate for all England of 1·61 per 1000, mount up in English hospitals to 3·4, 4·1, 14·3, and 29·4?"

The result of M. Le Fort's inquiry was, that the frequency of obstetrical operations modifies the general mortality only in a slight degree; that puerperal fever is the principal cause of death after delivery, showing itself in all hospitals, in all maternity institutions, in all climates, in the south of France as it does at St. Petersburg, in Dublin as in Vienna, in London as in Moscow. The influence of hospital construction, the effect of numbers—in other words of the size of hospitals,—the result of the admission of medical students to lying-in hospital practice, the influence of time spent in a lying-in ward, and that of the arrangements and internal economy adopted in these institutions, are all carefully considered by Miss Nightingale. The results at the military female hospitals in this country seem to have been good, as a whole, and at two of their number remarkably so—namely, at Shorncliffe and Colchester. The hospitals at these stations are composed of wooden huts of rough character. At Shorncliffe, out of 702 deliveries there was no death from puerperal fever; and at Colchester no death whatever has occurred out of 500 or 600 deliveries. Miss Nightingale, although far from excluding the influence of "infection" as a cause of mortality among parturient women, always appears to us to fail to estimate the influence of infection and contagion, as understood by medical men, aright. It is the increased susceptibility of the system of the lying-in woman to animal poisons, and the facilities that hospitals afford to her exposure to them, that constitute the danger of such hospitals. The medical officers of the army, very properly it appears to us, decidedly objected to any system that would bring cases of zymotic disease into any connexion whatever with those of midwifery; and to avoid the possibility of this being done infectious diseases have been removed to another and separate locality altogether. Miss Nightingale devotes several pages to the arrangements in lying-in hospitals, and she describes at length the construction, arrangement, and management of the lying-in department of the Liverpool Workhouse. The hospital construction is decidedly as bad as the internal economy, cleanliness, &c., are good; indeed, it is clear that the admirable results at this institution are to be ascribed to the extreme care bestowed upon all that concerns the patients and the wards.

A recapitulation of the evidence regarding the excessive mortality in lying-in institutions and its causes precedes the more practical part of Miss Nightingale's work. This consists of various suggestions for the improvement of these institutions. As regards their constitution, it is held that a ward should not contain more than four beds, or consist of single-bed wards arranged in groups of four; that one four-bed, or four one-bed, wards should form a group; that there should at most be only two floors to a pavilion, hut, or cottage, or, what is preferable, that every alternate pavilion or hut should contain no more than four beds; that the minimum ward cubic space for a lying-in woman should be 2300 cubic feet in a single-bed ward, and 1900 cubic feet in a four-bed ward; that there must be a separate delivery ward in an institution of more than four or five beds, though in separate compartments; and that there must be two separate delivery wards for each floor of the whole lying-in institution, so as to be used alternately. Whatever may be urged as to the necessity of impervious polished floors and walls for hospitals generally, applies with far more force to these institutions, "where the decomposition of dead organic matter, and the recomposition of new organic matter, must be constantly going on. It is this, in fact, which makes lying-in institutions so dangerous to the inmates. And it may literally be said that the danger increases as the square of the number of in-cases." We must not omit to say that the plans of existing and proposed institutions, by which the "Notes" are profusely illustrated, are amongst the best things in the book; though it seems to us that institutions on the plans recommended must prove very costly. It is almost impossible to make anything approaching to an analysis of a book like that by Miss Nightingale; but it will be evident from the foregoing remarks that most existing institutions for lying-in women are condemned by that lady.

A Digest of Facts relating to the Treatment and Utilisation of Sewage. By W. H. CORFIELD, M.B. (Oxon.), Professor of Hygiene at University College, London. Second Edition.

DR. CORFIELD has published the second edition of his Digest entirely on his own responsibility. The work has been revised, but remains unaltered in its main features. The most important addition is an appendix, giving analyses of facts by Mr. Lawes, F.R.S., showing that the manurial value of the total urine is six times greater than that of the total fæces. The appendix also contains reports on the midden system as pursued at Bury, Dundee, Nice, &c. The objections to the earth-closet system are much more fully discussed, and the fundamental error of "conservancy" is well disposed of. The opinion that the well-constructed sewers of Bristol required neither flushing nor ventilation has proved erroneous, for Mr. Sneade Brown has shown that sewer gases are formed, and that they certainly escape into the houses. Dr. Corfield quotes the opinions of Mr. Rawlinson and Dr. Hewlett as to the necessity of sewer ventilation; but he omits to mention the very important report on Sunderland by Mr. Thornhill Harrison. We have also an account of the new precipitating processes—viz., the phosphate process of Mr. Forbes, F.R.S., that of Hillé by chloride of magnesium, with lime and tar, and Weare's carbon filtration, as carried on at the Stoke-upon-Trent Workhouse.

Dr. Corfield concludes that, wherever it is possible, irrigation should be carried out, the sewage having been pre-

viously freed from offensive suspended matters. Where irrigation is impossible, intermittent downward filtration affords the best means of purifying the sewage.

The Subterranean World. By Dr. George Hartwig. With Three Maps, and numerous Engravings. 8vo, pp. 552. London: Longmans. 1871.

Another most interesting and excellent work from a well-known author. The aim of the book is to describe the wonders of the hidden earth in their various relations to man, now raising him wealth, and now dooming him to destruction. The author deals with geological revolutions, fossils, subterranean heat, upheavals and depressions, subterranean waters and artesian wells, volcanoes, the destruction of cities such as Pompeii, gas springs, earthquakes, landslips, caves, rock temples, catacombs, tunnels, mines and mining operations, gold, silver, tin, iron, lead, mercury, and other metals; coal, salt, sulphur, amber, their sources and uses; celebrated quarries, precious stones, and many other interesting topics. In fact, in his well-known lucid style Dr. Hartwig has given a mine of information for the general reader.

REPORT
OF
The Lancet Sanitary Commission
ON
NIGHT-NURSING IN THE LONDON HOSPITALS.

No. I.

There is no part of hospital administration in which the public has evinced a deeper interest than in that which relates to the care of the sick at night. And rightly so. During the day the sufferer is surrounded with a thousand safeguards against neglect. There are the visits of the medical officers, of the chaplain, and of the friends and relatives; there is also the sympathy of fellow-sufferers and the protection of broad daylight. The first indication of a want is seen or perhaps anticipated, and the vigilant eyes of the matron or nursing sister are ever on the watch. But at night the restless patient is surrounded by many who are asleep, and whose slumbers he would not willingly disturb. The nurse who really does her duty has not to wait for it, but to seek it out. It is always open to her to find out a parched tongue or a heated pillow, an aching head or a sinking heart, a cramped limb, or a pain which may be alleviated by a dose of anodyne or by a kindly word.

We have no need, therefore, to apologise for instituting an inquiry into the arrangements for night-nursing in the London hospitals. The fact that this department is without the sphere of public observation would alone justify us. We had no expectation of being able to discover any sensational instances of neglect. The sleepy, drunken Sarah Gamps are, happily, persons of the past. We believe that there does not exist a board of management which is not anxiously desirous of making their nursing arrangements as complete as possible; and our main object will have been accomplished if we shall be able to assure the public that the general arrangements deserve their confidence; whilst a comparison between the practice at the various establishments can scarcely fail to improve our knowledge and to eradicate defects.

In the first place, we have to acknowledge the almost universal favour with which our proposals have been met by boards of management, treasurers, secretaries, house-surgeons, head nurses, and other officials, from all of whom we have received the greatest courtesy and the fullest information. It is, however, with great regret we note one grave exception: the treasurer of St. Bartholomew's Hospital has thought it his duty to refuse our request, and we must leave the public to draw their own inference. It is not more than two years since grave accusations were made against the arrangements for night-nursing in this royal hospital, and we think the public had a fair right to ascertain whether alterations for the better have been since introduced.

Our visits were made to several hospitals without any previous communication with the governing bodies; but it was found more satisfactory to have their co-operation, especially as the association gave us the opportunity of pointing out defects and of suggesting small improvements which could not be embodied in a report. All the visits were made at unexpected hours of the night, between 9 P.M. and 1 A.M.; and the reports will consist simply of a plain, uncoloured account of what was actually seen.

The following points seemed to us to be those of greatest importance:—

1. The character of the nurses employed on night duty.
2. The nature of the supervision exercised.
3. The numerical sufficiency of the staff in relation to the gravity of the cases and the structure of the wards.
4. The modes of obtaining additional aid in cases of great emergency.
5. The supplies of comforts in charge of the night-nurses.
6. The practice pursued in case of delirium.
7. The hours of duty, and the penalties for sleeping, leaving the wards, &c.
8. The regulation of the warming and ventilating of the wards at night.
9. The testimony of patients as to the kindness and attention they have experienced, so far as this could be ascertained without disturbing them. (We may observe, however, that we had many opportunities of seeing such attentions and of witnessing the actual nursing operations going on.)

We shall purposely describe some hospitals in considerable detail as being exceedingly instructive; but this must not be considered as putting others unduly in the shade. The space at our disposal will render condensation necessary, and it should be understood that arrangements not noticed were found satisfactory.

EDINBURGH SCHOOL OF MEDICINE.

Abstract of Mr. Annandale's Address at the Opening of the Session, Nov. 1st, 1871.

After welcoming his audience, Mr. Annandale told the junior students that in selecting Edinburgh as their *alma mater* they had chosen a school second to none, and remarked that the reputation of the Edinburgh University and Medical School was no creation of yesterday; that the many eminent names which have been connected with them were as enduring as the castle rocks, and that he had no hesitation in saying that their present representatives were worthy of the position they occupy. After referring to the retirement of Dr. Gillespie, he assured them that in entering upon the study of medicine they were undertaking no easy journey. They should be prepared to meet with difficulties, and to overcome them. Referring to the evils of the existing lecture system, and expressing a wish that the student had more time and greater facilities for study in the hospital, more time for work in the dissecting-room and practical laboration connected with pathology, physiology, and chemistry, and more tutorial instruction, Mr. Annandale asked leave to offer some general remarks on their future studies and duties as medical students. He advised them, in the first place, to acquire a regular and steady system of working, so that they might daily add to their knowledge, and gradually prepare themselves for further

and advanced studies. He told them that, in order to carry out this method, their habits must be regular, and their health considered and carefully attended to; and, after referring more particularly to their health, he remarked that some recreation was absolutely necessary. Those who desired active bodily exercise would find it to perfection on the Pentland Hills, Arthur's seat, and other noble walks around the city. If athletes, there was the University gymnasium—an excellent institution if taken in moderation; and for those who had military aspirations, there was the University Company of Volunteers, where he was sure they would receive a hearty welcome from its much-respected and veteran commander, Dr. Christison. He further advised them to devote some of their leisure hours to the improvement of their general education by a study of literature, art, general science, and the modern languages; and remarked that an occasional change of diet was necessary in order to keep the mind healthy. He begged them to remember that they were not working merely to pass examinations, but that they were preparing for the future practice of their profession; and it was for this latter reason that the more practical studies were of such importance. The mere acquisition of knowledge or facts was not sufficient; but they must learn how best to apply or use knowledge, so that it would be serviceable to them and their patients; and he quoted the following lines from Cowper's "Task":—

> "Knowledge and Wisdom, far from being one,
> Have oftimes no connexion. Knowledge dwells
> In heads replete with thoughts of other men;
> Wisdom in minds attentive to their own.
> Knowledge, a rude unprofitable mass,
> The mere materials with which Wisdom builds,
> Till smoothed and squared and fitted to its place,
> Does but encumber whom it seems t' enrich.
> Knowledge is proud that he has learned so much;
> Wisdom is humble that he knows no more."

Mr. Annandale next referred to the practice of "taking notes," and observed that it was useful. He advised them not to take notes of what they could read better in print, but to take notes of any original observations of any subjects they did not understand (in order that they might master them at their leisure), and especially to take notes of all they heard and saw in the hospital. Attendance at debating societies was then touched upon. Mr. Annandale earnestly begged the students, in their debates and other differences of opinion which would occasionally arise, to train themselves to fight honourably. If their opponent was worthy, fight him honestly and with fair weapons, and although they might not come to an agreement, they would learn to respect one another. If their opponent was unworthy, avoid him. Take Socrates' advice when he says: "Suppose an ass were to kick me would it be right or becoming in me to kick him again?"

A few remarks having been made in regard to the choice of books, the lecturer observed that he made no apology for addressing a word of warning to the young students, as it was the sad experience of his colleagues and himself to occasionally observe and be helpless to prevent the complete disgrace and ruin of a student who had joined the school with bright prospects before him, but who, instead of realising them, had given way to temptation, neglected his work, and brought himself to misery. He urged them to resist temptation from the first, and to think of the anxieties of their friends at home.

The duties of medical students were next pointed out. In connecting themselves with the medical profession they were placed in a special position which had devolved upon them duties they could not in honour neglect or despise. He referred to the bond and sympathy between the public and the medical profession, and remarked that if the members of our profession respected themselves and their profession, they had a well-merited and established position, and that the possession of this position gave them a power greater, perhaps, than was possessed by any body of men. And yet he did not hesitate to say that this power was used with the greatest moderation, delicacy, and sanctity. It was therefore much to be regretted that many of the public had little sympathy with medical students, for it would almost appear that some persons take their ideas of medical students from Dickens's characters of Mr. Bob Sawyer and Mr. Benjamin Allen in "Pickwick." He maintained that medical students as a body would stand the test with any other body of young men, and were in no way inferior in intellect, manners, or morals; and, with all respect, would ask from the public justice and some little forbearance for medical students. He finally urged the students to try to gain the esteem of the public by their conduct. He asked them to avoid, as much as possible, professional conversation in general society, to learn to be simple in their professional language, to be liberal-minded in the widest sense of the term, and to avoid all tendency to the practice of gossiping. To the patients committed to their care they must practise the golden rule, and "do to them as they would be done by." They might occasionally meet with ingratitude, but if they honestly did their work, they would receive many happy and pleasing testimonies of gratitude which would be a real encouragement to persevere in their good work. He concluded in the following words:—"You are all working for the same end, and it should be your endeavour to work together in good fellowship; and do, gentlemen, try so to train and educate your actions and feelings now, that in the future you may assist in banishing the reproach that members of our profession are too much given to strife with one another."

ANDERSON'S UNIVERSITY.

THE winter session of this University was publicly opened on Tuesday last, when Herr Bischoff, the recently-appointed professor of Technical Chemistry, delivered the introductory address in the Great Hall. After some introductory remarks, he spoke of technology under the two groups which it comprises—technical chemistry and mechanical engineering; following this up with a short historical review of chemistry, practical and applied, and argued that chemistry could only be advanced as a science, and its students benefited, by close and practical application to its study. He remarked that the standard of scientific education was in the present age daily rising higher and higher; and this, in his opinion, was the view of Mr. James Young in erecting the new chair of technical chemistry. In referring to the merits of the Bessemer, the Heaton, and the Martin processes for manufacturing steel, he held that they ought not to be considered as rival processes, because each of them had its special advantages under certain local conditions. He then drew attention to the chlorine process invented by Mr. H. Deacons, whose works in Lancashire he had recently visited, and he had arrived at the conclusion that his process must now be considered a practical success. The speaker next gave an account of Mr. Claudet's process for extracting silver and gold from Spanish and Portuguese pyrites, a process which he had recently seen in operation at the Widnes Metal Company's Works in Lancashire. From figures which he had in his possession, the conclusion must be drawn that this process must also be considered highly successful. He then adverted to the sewage question, and held that it would be desirable in many instances that the irrigation system should be accompanied by some method of precipitation, whereby the more offensive sewage matter would be separated from the liquid before the latter is used for purposes of irrigation.

GLASGOW UNIVERSITY.

IN the medical classes at the Glasgow University the session was opened on Tuesday by an introductory discourse, delivered in the chapel to a numerous assemblage of the students, by Dr. A. Dickson, Professor of Botany. Principal Barclay and the Medical Faculty were present. Dr. Dickson touched upon the question of consanguineous marriages, with the analogous injurious results of close interbreeding between the lower animals, and referred to certain interesting phenomena connected with the reproductive system in flowering plants. In conclusion, he touched on the subject of medical reform. Admitting the possibility, though not the fact, of competition downward on the part of some of the nineteen licensing bodies, and admitting that some control on the part of the State might be of advantage, the practical problem for solution appeared to be the estab-

lishment of State control with the least disadvantage to the present licensing bodies. He suggested (1) that a General Board be established in each division of the United Kingdom to examine such candidates for licence as might possess one of the recognised degrees or diplomas; (2) that the expense of these Boards be defrayed out of the public funds; (3) that the fee for licence by the General Board be not greater than was necessary as a check upon candidates coming up for examination without due preparation; and (4) that the examination for licence be limited to the practical departments of Physic and Surgery. The address elicited frequent applause, and at the close, on the motion of the Principal, a hearty vote of thanks was accorded Dr. Dickson.

FOREIGN DEGREES AND THE DIRECTORY.

To the Editor of THE LANCET.

SIR,—Some weeks ago it was stated that the editor of the *Medical Directory* would not for the future insert any degrees or diplomas that were not registerable, owing to the great increase in "degrees in absentiâ" and "bogus" qualifications.

No one would deprecate sailing under false colours more strongly than I; but do you think good degrees, honestly obtained after a fair course of studies and prolonged residence, should be excluded? and only because there are *some* unprincipled men in the profession. Is it not easy to sift the chaff from the wheat? Am I to ignore my colonial M.D., and thus lead people to suppose that I am ashamed of it?

Would it not be a good plan for men with a foreign qualification to state, when sending in their names to be placed in the Directory, how long they resided in the place from whence the said qualification emanated, and whether they passed the examinations or not?

Though an Englishman, I happened to study medicine at the McGill University, Montreal, and after a course of four years' study and severe examinations, passed for the degrees of M D. and C.M. As one of my home qualifications is L.R.C.P. Ed., if I may not record my M.D. anywhere, people may think I am snob enough to make my licence do duty for "Doctor." You would oblige me very much by letting me know your ideas on this point.

I am, yours truly,

October, 1871. SAGITTARIUS.

Foreign Gleanings.

SECONDARY HÆMORRHAGE AFTER GUNSHOT WOUNDS OF THE NECK.

WHAT is to be done when, after a gunshot wound on the left side of the os hyoides just below the lower jaw, hæmorrhage occurs two days after the infliction of the injury? Search for the vessel in the suppurating wound after having enlarged the latter. All surgeons, however, know the difficulties of such a proceeding; and they proved so great in a case lately published by M. Raynaud (meeting of the Surgical Society of Paris, August 9th, 1871) that he very justly tied the common carotid. The patient, a young soldier, rallied for two days after this deligation, but on the third fresh hæmorrhage occurred. M. Raynaud now trusted to plugging and to perchloride of iron; but this turned out to be unavailing; and, having taken M. Nélaton's advice, the surgeon resolved to have recourse to transfusion, as the patient was evidently dying. This was done with M. Raynaud's own blood, about eleven ounces being injected. A whole hour was taken up by the injection, one drachm after another being slowly transfused. The patient seemed to rally after the operation, but he became very weak in the evening, and died about ten hours after this last resource had been adopted. On examination, the ligature was found intact, about three-quarters of an inch below the large solution of continuity caused by the contusion of the projectile. None of the vessels were cut clean through, but eschars had fallen from most of them. (The precise vessels are not mentioned by the author.) One fibrinous clot had formed, the peduncle of which was still within the distal extremity of the tied vessel. M. Raynaud expresses some distrust of the deligation of the main artery, as secondary hæmorrhage is so frequent. He did not follow Mayo and Bérard's advice to tie, besides the common carotid, the internal or external vessels, or to tie simply the last two. He thought such searching after the vessels, including the inferior thyroid, tantamount to a regular dissection on the living body. The patient had no cerebral symptoms, but he died too soon after the deligation of the common carotid to offer an illustration of the nervous sequelæ of this operation. M. Raynaud used Mathieu's instrument for transfusion, and was careful to beat the blood with glass rods, and filter it through clean flannel, to avoid clotting of the fibrine. He maintains that the care sometimes bestowed on preserving the temperature is useless, as the globules will regain sufficient heat on passing into the patient's vein. This position is supported by experiments of his own on animals.

This case was reported upon to the Society by M. Després, who blamed the author for not having gone on tying the external and internal carotid, as also the inferior thyroid. He thinks that, in all cases where the main trunk is tied, the distal end should also be sought for and deligated. M. Després discusses the likelihood of paralysis occurring after the common carotid artery is secured, and establishes the following interesting contrast:—Paralysis occurs from anæmia of the brain, the vaso-motor nerves no longer stimulating the capillaries; in such cases secondary hæmorrhage does not take place. But when the latter occurs, through powerful anastomosis, the circulation is renewed, the brain nourished, and no paralysis is observed. It should not be forgotten that some surgeons, especially Professor Richet, think that the latter is caused by some lesion of the sympathetic during deligation. A distinction should always be made between the stupor following immediately the tying of the carotid and the paralysis which may take place some days afterwards. M. Després considers that we have not as yet sufficient data respecting the actual results of transfusion to put any faith in it; he thinks that we do not know, in successful cases, whether the stimulants administered or the blood injected have been instrumental in the favourable results.

M. Verneuil has also tied the common carotid in a case of gunshot wound of the cheek, with a very small aperture of entrance. The case was remarkable for the long period before secondary hæmorrhage occurred (twenty-one days), and the number of times efforts were made to stop the bleeding by almost all the known hæmostatic agents (fifteen times). At last M. Verneuil tied the common carotid; the patient became hemiplegic during the night which followed the operation, and died the next day, forty-two hours after the operation. The post-mortem examination did not reveal which vessel had ulcerated and bled, and failed to lead to the discovery of the projectile. The operation was rather remarkable, inasmuch as M. Verneuil, after having laid bare the vessel and applied a ligature, feared the former had been slightly scratched or injured. On this account he placed a second thread about a third of an inch above the first, which thread was afterwards found to have constricted both the internal and external carotid. The author had at first intended to tie the external only, but having brought the common fairly into view, thought it best to secure it. He stated, in some remarks before the Surgical Society of Paris, that he was sorry he had not confined himself to the external, and that he thought the tying of the internal had been productive of the attack of hemiplegia. M. Verneuil is inclined to attribute the frequent recurrence of the hæmorrhage to purulent infection, and to certain states of the liver. Herein we must differ from him, as we firmly believe that causes need not be sought so far. The rule deduced by M. Verneuil from this case is, that in hæmorrhage from the face the surgeon should secure the external carotid.

ENGLISH HELP TO FRANCE.—The "Lyon Medical" of October 29th, 1871, states that a subscription is in progress to offer a token of gratitude to the people of this country. The same paper adds a list of the gifts bestowed by Great Britain upon France, which, in the aggregate, amount to no less than £485,320.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 4, 1871.

THE prospects of the metropolis as to cholera would not be very hopeful if they depended altogether on the action of the local authorities. The necessity for action became obvious at the close of June; but, if we except the almost incidental arrangement for the inspection of and hospital provision (to wit, the *Dreadnought*) for the port of London, in the event of the development of the epidemic among the shipping, nothing definite has been done. The suggested combination of the local authorities of the port for the protection of the entrance to it, by the provision for the exclusion of cases of cholera brought by way of the river,—a combination found quite practicable on the Tyne and in other ports within the district of more than one local authority,—has apparently led to no result. The suggestion seemingly has had no other consequence than the development of sundry objections to combination, legal and local, in which anxiety to escape an important duty predominates, rather than anxiety to overcome difficulties in performing it. Legal obstacles have not been found insuperable on the Tyne; and the objection advanced by certain of the local authorities of East London—namely, that it was unreasonable that the expense which would be incurred for the protection of the whole of the metropolis, should fall only on certain parts of it—is simply an evasion. The effrontery of this objection is inimitable, and highly significant of the extent to which Bumbledom still pervades the action of metropolitan local authorities. The local authorities which have shown the most determined opposition to the centralisation of authority in the metropolis, now make a necessary consequence of the local action for which they contend an excuse for the non-performance of an important duty arising out of that action.

But it must be remarked that such slight indications of action as have been displayed since June have only been manifested under the incentive of pressure from the Local Government Board; and it is noteworthy that with the wasteful diversion of Dr. BUCHANAN'S energies to the Hampstead Small-pox Hospital inquiry the action of the metropolitan authorities in respect to cholera seems to have come to an end.

The sudden audacious virtue displayed by the St. Pancras Vestry, in opposition to the suggested proposition of the Local Government Board that the Metropolitan Asylums Board should provide hospital accommodation for cholera patients, is in no degree calculated to heighten faith in the action of the local authorities. Although right in object, it is not the less true that the opposition does not rest upon the more efficient provision which might be made by the local authorities; and the St. Pancras Vestry does not state that it has made, as it was competent to make, all requisite provision for the impending epidemic in its district. The absence of such a statement deprives the opposition of the St. Pancras Vestry to the suggested proposition of the Local Government Board of the weight which might otherwise have been attached to it. It may be surmised, indeed, that the action of the St. Pancras Vestry during the recent epidemics of relapsing fever and small-pox—an action devoted almost entirely to the reduction of the important sanitary duties imposed upon it by the law to a monstrous burlesque—may have largely contributed to that hopelessness of satisfactory action on the part of the local authorities of the metropolis that appears to have prompted the proposition of the Local Government Board. About the time when the St. Pancras Vestry was exploding with the virtuous opposition referred to, its Sanitary Committee, according to the local journals, passed a series of resolutions which will practically reduce the accomplished medical officer of health of the district—Dr. STEVENSON—to a mere desk official, an office drudge. This, in face of an impending epidemic of cholera, when it is of the highest importance for the safety of the community that officers of health should make themselves personally acquainted most thoroughly with the sanitary needs of their districts, and personally see that the more pressing requirements were attended to!

Happily, notwithstanding our want of faith in the adoption of any well-conceived action of the local authorities of the metropolis in anticipation of cholera, there are not wanting reasons which lead us to look with some degree of equanimity upon the impending epidemic. In the first place, since the outbreak of 1866, the internal sanitary work of the metropolitan districts has been carried out systematically under the different medical officers of health, and London was never so free as now from nuisances—never before, in fact, in so clean a state, nor its crowded back-slums, tenemented houses, and lodging-houses under so complete a supervision. Secondly, at no time before could the operations of the great metropolitan water companies be regarded with less uneasiness. The works, indeed, are not yet fully completed which have permitted this confidence; but they have so far approached completion as practically to avert danger from water-poisoning, if cholera should again break out here. The Southwark and Vauxhall Company, the principal offender in 1848 and 1854, has within the last six months, under the supervision of Captain TYLER, R.E., Professor FRANKLAND, and Mr. J. NETTEN RADCLIFFE, effectually cut off the communication of its reservoirs at Battersea with the Thames at Battersea Reach. The East London Water Company, the great offender in 1866, has reduced to an infinitesimal chance, or altogether removed, the possibility of its water becoming again poisoned in such a manner as occurred in that year, and led to the disastrous outbreak in East London, Stratford, and West Ham. The open reservoirs at Old Ford, the probable source of the mischief of 1866, have been filled up, and a few weeks ago presented to the eyes of passengers on the Great Eastern Railway, who knew their antecedents, a pleasant picture of growing crops of grain and vegetables. The leaky covered service reservoir nearest to the River Lea has also been filled up, and the bottom of the reservoir furthest from the stream has been, we understand, amended. Thanks to Dr. WM. FARR, and the work of our reporter in 1866, Dr. EDWARD DIVERS, followed by the

labours of the gentlemen already named, East London may now be looked upon as safe from the danger which proved so destructive to its population during the last outbreak of cholera. Such infinitesimal chance of water-poisoning as may possibly remain in the East London Water Company's works will no doubt be well looked after by Mr. SIMON'S department.

Assuming then, as there is just reason to assume, that London is probably safe from the danger of water-poisoning on a large scale, such as proved the great cause of dissemination of cholera and destruction of life from the disease in previous outbreaks, unless the impending epidemic manifests a peculiar epidemicity, so to speak, of which it has not yet shown an indication, the conditions which may give rise to any inordinate prevalence of the disease are limited in kind, and still more limited in influence. It may be anticipated that the epidemic will be distributed, as in 1866, widely over the whole area of the metropolis; but it is unlikely that it will prevail with any considerable degree of intensity, except in localities where there may have been, from oversight or otherwise, neglect of the common sanitary precautions against filth of soil, surface, and atmosphere. With any reasonable degree of anticipatory action and watchfulness, the chances of localised outbreaks of the kind here referred to ought to be brought within the smallest limits. Immediately outside the boundary of the metropolitan area, we may add, these chances unhappily are numerous; and the painful experience of Chiswick in 1866, may be repeated anywhere in the outskirts. But, so far as the metropolis is concerned, it is hardly probable that if cholera should extend to the banks of the Thames in the course of the next year, the disease will assume, as in previous epidemics, the form of a disastrous widespread outbreak. Further, such local developments as the malady may attain will, as a rule, only be possible from the local authorities failing to execute the abundant powers entrusted to them by the Legislature for the limitation and prevention of spreading diseases.

We had hoped that at the first meeting of the Association of Medical Officers of Health for the present session, held a few days ago, the question of the impending epidemic of cholera and the precautionary measures advisable would have been discussed. The meeting, however, ignored the subject which called for the more immediate and energetic action of its members, and on which it might so usefully have enlightened the public. Such an oversight relating to a pressing practical emergency may, in regard to a Public Health Section, such as that of the Social Science Association, be forgiven, the public esteeming itself fortunate to escape from a torrent of promiscuous talk on a matter which too closely affects it; but an Association like that of the Medical Officers of Health does not do justice to itself, and fails to justify its existence, when it omits to take the lead in questions of this nature.

WE are truly happy to learn, from the speech recently delivered by the Premier at Blackheath, that the Ballot Bill remains as the only "great national overruling subject" which stands in the way of care for the public health, for the incidence of rating, for the purity of water-supply, for the safety of miners, for the diminution of the wholesale robbery and poisoning now practised by means of adulteration, and generally for legislation on all the many matters which affect the comfort, the convenience, and the security of life. We have, indeed, no means of estimating how many miners will be killed, for want of the protecting arm of the law, before the Ballot Bill receives the Royal assent; but we may assume two hundred as a likely, and certainly not an exaggerated number. Two hundred men and boys needlessly perishing, probably one hundred and fifty women widowed, and six hundred children left orphans, to be maintained for long periods at the public expense, will represent the price paid by the community, under one head alone, for the worship of the idol to which certain politicians now bow down. We have lived for some centuries in England under a system of open voting, and have occupied as a nation a not wholly undistinguished position. Is it possible that the need for secret voting can be so urgent that even these lives should be sacrificed, that even this misery should be produced, that even this cost should be incurred, for the sake of giving us the Ballot a few weeks or months—nay, even a whole year—earlier than it would otherwise be obtained. If Lord MACAULAY'S often-quoted dictum be correct, that the primary object of government is the protection of the lives and the property of the governed, what are we to say of the would-be statesman who casts away lives as worthless dross, when they are weighed in the balance against a measure that will serve brewers and attorneys as a hustings cry at half-a-dozen contested elections. But what security have we that, before the Ballot Bill has become law, some new "great overruling national question" will not be discovered—such, for example, as the condition of turnpike roads in Ireland, and the dilapidation of the ancient monuments on which the distances crossed by those roads were formerly engraved? How easy it would be for fervid parliamentary eloquence once more to drive away all memory of domestic reform, and to fix the thoughts of the nation upon the unfortunate state of those bogtrotters who have been deprived of the trustworthy guides by which their forefathers were once wont to tell the difference between one mile and twain. Certainly some of the "great questions" which have occupied us during recent years have been no whit more interesting or important, and very few of them would admit of being adorned by anything like the same copiousness and felicity of illustration.

The fact is, that the postponement of questions which involve no more than the issues of life and death, and the consequences which depend on these issues, has become simply a vicious habit among politicians, requiring to be sternly and summarily checked by public opinion. We live in a state of aggregation in great towns, in which careful and vigilant order is required to prevent each man from unwittingly injuring his neighbour; and the masses have not yet begun to clamour for this order, because they have not been taught the good that would follow from its enforcement, or the evil that falls upon them through its absence. Their apathy, or it may be their opposition, are the natural results of their ignorance. For their rulers to plead ignorance is but a sorry evasion; for them to stand aside, leaving the ignorance

which they do not share unleavened by wiser counsels, is to accept a responsibility so grave that it is difficult to find words in which fittingly to write it down. Mr. GLADSTONE uttered a half truth when he told his hearers that the question whether the English father is to be the father of a happy family and the centre of a united home must depend mainly upon himself. But it does not depend upon the English father to protect himself against the malfeasance of those who are beyond his reach. He cannot prevent the water company that supplies his house from sending there the poison of typhoid or of cholera. He cannot prevent sickness and death due to causes that lie beyond his threshold in their origin, although they cross it in their operation. And when he seeks the lives of those dearest to him at the hands of the men who have neglected the obvious and known precautions required for the public safety, it will be a poor answer to be told that he may exercise the franchise by ballot.

At last, however, we have something like a hopeful prospect. When the ballot is obtained, Mr. GLADSTONE promises that he will take the needless waste of human life into serious consideration. We accept his professions with a gratitude that is due solely to favours to come; and we at least feel that his protestations will be used against him by his political adversaries if they are not borne out by his future action. It has therefore become a necessity for him to deal with some of the social evils which legislation can remove. His intentions are good, and we may reasonably hope that they will be carried into execution. We now record his promises; and we shall hope next year to be able to chronicle the fulfilment of them.

WE are exceedingly anxious that any assistance which medical men can render in the war which is setting in against bad drinking customs in society should be given. We can scarcely hope to satisfy teetotalers. They are amongst the most intemperate of men. But we can make an attempt to satisfy our own sense of what is due from us on a question so deeply affecting the happiness of the people and the credit of the nation. We do not want any additional evidence of the sore evil which comes of drink. We have the common evidence patent to every man who has eyes to see what passes before him day by day. And we have a great amount of very special evidence which comes to us as it comes to no other class in the community. In this matter we are the priests of society to whom confessions are made that are withheld from relatives and other priests. Sometimes we see the genesis of the habit of drinking. Very often we know of its furtive indulgence when no one else suspects it. And in the end of cases we only can know the destruction and degeneration of tissue and of organ which result, spoiling every function of the body, and blighting every faculty of intellect and imagination.

If any medical man is still unconvinced of the great influence of this factor in the production of the disease and death of our population, or disposed to treat it with indifference, we commend to his notice the report of Dr. PARKES and Dr. SANDERSON, only confirming those of Dr. TRENCH, on the Sanitary Condition of Liverpool, in which they emphasise the intemperance of that town as one of the three great causes of the deplorable condition of the poor in it. After illustrating their statement with details of actual cases, they say, "Instances of this kind seem to occur so frequently in all the poor districts of Liverpool that we question whether 20 per cent. of the labouring class are leading lives of ordinary restraint and decency." All their informants were agreed that there is much more drinking among the poor than formerly. Of course, the old question may be put,—Do these people drink because of the bad hygienic condition in which they live? To which the most sensible answer is that they cannot have better hygienic conditions while a half, or a third, or a fourth of the father's wages, and sometimes the whole of them, are spent in the public-house. Avoiding all fanaticism, we wish to impress every medical man with personal responsibility in regard to this question. We are sure we shall not appeal in vain to a profession which can view the subject both from the scientific and the humanitarian point of view.

It is more difficult to define exactly the kind of service the profession can render; but we shall attempt to do this. There is no doubt as to the enormous influence which as a profession we have had in creating the public opinion that exists as to the uses of beer, wine, and spirits. Unfortunately, sometimes we have allowed ourselves to write testimonials instead of prescriptions, which have been published and placarded everywhere in praise of things that might be very well in particular cases, and yet very unfit for indiscriminate use. We should in future limit the expression of our opinion to patients and particular circumstances. And in regard to these particular cases we should be more specific in our instructions as to the quantity to be taken, the frequency with which it is to be taken, and the time over which such a prescription is to extend; for patients are uncommonly apt to continue the use of an alcoholic remedy long after the condition for which it was prescribed has passed away, quite contrary to their practice in regard to other remedies. The vagueness with which alcoholics are ordered seems to us the most serious charge which can be brought against the profession. We hear of leading physicians telling patients of whose previous history and of whose idiosyncrasies they can know little, to live well and drink freely of beer and wine. In a work on medicine of great excellence and authority which lies before us, we are told that, after the acute symptoms of tonsillitis have passed away, the diet should be very good, and *plenty of port wine should be taken*. We are only concerned at present with the culpable vagueness of this advice. "Plenty of port wine" is an expression which will have a different significance to every patient. One man will construe it to mean a bottle a day, and another may understand it to mean two, and every patient would see in it a high sanction for an unusual freedom, which would be as likely to derange his digestion as to remove his asthenia. A very great amount of good would be done if medical practitioners never prescribed alcoholic stimulants without prescribing them in certain quantities, and erring on the side of moderation.

Not only should there be precision of language in prescribing stimulants, but we should seriously ask ourselves, in

every case, whether it is necessary to give the sanction of our special prescription to them. Unquestionably there are many diseases in which they need form no part of our treatment. Debility is not an entity that can be driven out by a draught of alcohol. Doubtless, whatever fanatics may say to the contrary, there are states and degrees of it which urgently call for some form of alcohol. But there are many states of weakness quite curable without it, in which ordinary forms of food, with or without the customary quantity of wine or beer, are all that are needed, or in which some extra food, such as beef-tea or milk, will meet the necessities of the case. In the great class of chronic cases, we should remember that some form of stimulant is generally taken without our advice; and, unless we are specific in prescribing alcohol, our prescription is understood to mean something additional to what is ordinarily taken.

Then there is need of courage in medical men to be candid and firm in positively discouraging the use of alcohol, or of the popular forms of it, in many cases. It is lamentable to see young men losing their appetites and getting short-winded and prematurely corpulent, under the notion that bitter beer is a real tonic, or to behold a young childless lady relieve her various pains with sips of brandy. Medical men should be explicit in their attempts to dispel these delusions.

One of the greatest hindrances to the progress of temperance is the conservatism of women. They have not taken like men—we speak now of the wealthier classes—to the use of light wines. They prefer the old-fashioned forms of drink, such as port wine, stout, champagne, and brandy. And, with their neurotic constitutions, there is a terrible danger of their getting to like these things. We, as medical men, should remember this, and teach them how they can be relieved by less objectionable means. We know no reason why ladies should not have the benefit of lighter wines as well as men. They are as liable to premature and inconvenient manifestations of obesity; they are less exposed to the open air; they are more sedentary. Under these circumstances, we should be candid and courageous in explaining the advantages of the lighter forms of alcohol, and in warning them against the use of more favourite or fascinating forms.

Mr. GLADSTONE asks, in his noble peroration at Greenwich, "How are the ravages of strong drink to be arrested?" This is not the place to give the whole answer to this great question. But it is the place to assure statesmen of what we devoutly believe—that they will have from the medical profession all the help that science and humanity combined can give in the rectification of a habit which more than any other mars the national health and happiness.

THAT a considerable number of diseases—embracing amongst them some of the most important and of the most frequent occurrence—result from the action of a virus or poison, few or none will be disposed to deny; but if the question be asked, what is the nature of a virus or the material that enables the disease to be communicated from one animal to another? the answer given by the best instructed members of the profession would, we apprehend, be far from unanimous. It is well known that in all virulent fluids a clear fluid or serum may be discerned in which certain morphological elements, molecules, nuclei, cells, and débris of cells, are discoverable. The question is, whether the poisonous agent is disseminated uniformly through the fluid, or is a special quality belonging to and characteristic of the corpuscles. This question, interesting in many points of view to the practical surgeon, M. CHAUVEAU has undertaken to investigate, and has given the results of his inquiries in a series of lectures delivered before the Société des Sciences Médicales de Lyon, and reported in the *Revue Scientifique*. He states in the most unequivocal manner that the virulent property is associated, not with the fluid, but with the corpuscles held in suspension. This opinion he bases on the following facts: first, that, if virulent fluids are diluted with water or other inert material, and their activity be then tested by inoculation, it will be found that they act, not as if they were uniformly diffused through the fluid—that is, not with diminished virulence only, as though weakened by dilution,—but irregularly, and as though the poisonous quality were limited to particular molecules dispersed here and there through the fluid, and the more distant from each other in proportion as the fluid is more diluted, some of the inoculations failing altogether, whilst others are as energetic as usual; and secondly, that, if the plasma or serum be carefully separated from the molecules and cells, the former proves innocuous when introduced into the system, whilst the latter retain in a high degree the poisonous properties. The difficulty of isolating the corpuscles and cells from the plasma is much greater than might at first sight be imagined. It is impossible to effect it satisfactorily by merely straining the fluid, for in this operation it may always be objected that a part of the plasma still remains adherent to the cells, and accounts for their active properties. M. CHAUVEAU advances various reasons against the employment of dialysis, and, in order to obtain the cells as pure as possible, proceeds in the following manner. The purulent fluid (and he prefers the fluid obtained from the pulmonary abscesses of horses affected with glanders, as possessing an extraordinary degree of activity and virulence) is first washed with ten times its bulk of water, and, after standing for two hours, the superjacent fluid, containing cells and molecules free from coarser fragments, is strained through filtering paper. The material left in the filter is washed over and over again with many hundred times its bulk of water, and allowed on each occasion to precipitate to the bottom of the vessel. By these means, which occupy nearly forty hours, he considers he has withdrawn or washed away all the adherent plasma. But if a small portion of the mass of the corpuscles, leucocytes, mucous globules, proliferating cells, columnar epithelium, and granulations, all more or less swollen with water, be introduced with a lancet into the cheek of a perfectly healthy horse or ass, the initial symptoms speedily become apparent, and demonstrate in the clearest manner that they constitute the true poisonous agents. The means adopted by M. CHAUVEAU to discover which of the morphological elements are to be regarded as the active agents we reserve for consideration.

Medical Annotations.

"Ne quid nimis."

THE ARMY MEDICAL SERVICE.

We are glad to learn that there is a probability of some movement taking place in the higher grades of the Army Medical Department. The promotion of one Deputy Inspector-General, and the retirement of two others, with a Surgeon-Major or two, will be hailed with satisfaction by senior assistant-surgeons who have been long and vainly expecting advancement. When we regard the long array of names in the junior grades we are tempted to exclaim "But what are these among so many?" The fact is, that nothing short of the advancement of 100 assistant-surgeons to the higher grade would meet the legitimate demands of those officers who entered the service in 1857-8, to whom the present prospects of promotion cannot be invigorating; and, we believe, the Director-General proposed that something of the kind should be done. The army is by this time fully awakened to the new prospects opened out by the publication of the Royal Warrant. Purchase has been finally and totally abolished; and this will affect medical officers, though to a limited extent. The promotion of officers in the army under the New Warrant will in principle be very much what it is for medical officers under their warrant. It will be regulated by competitive and pass examinations, and a seniority system up to a certain rank, beyond which it will be by selection. We perceive that the tenure of appointments of Major and Lieutenant-Colonel in a regiment is to be for five years. We are curious to know whether a similar principle will be applied to the upper ranks in the medical service. The compulsory retirement of Inspectors-General after five years' service in the grade would do something towards keeping up the flow of promotion among the upper grades; but it would almost entirely fail to meet the case of assistant-surgeons who entered the army during the Indian mutiny, many of whom are beginning to wonder whether they will ever have the honour of serving her Majesty as surgeons.

PAUPER LUNATICS IN MIDDLESEX.

The question of what is to be done with the pauper lunatics of London and Middlesex is again becoming one of extreme urgency. Both the new asylums erected by the Metropolitan Asylums Board are full, and the Secretary of State has renewed his order to the magistrates for the erection of a new lunatic asylum for the county. Notice has been given that the first steps for procuring a site will be taken at the next sessions.

We are decidedly of opinion that the whole subject of the treatment and management of pauper lunatics must be reconsidered. It is most necessary that the propriety of erecting another and huge asylum should be fairly discussed, and that the relation and functions of the various establishments should be settled on a much better basis than at present. Only last week the Local Government Board called the attention of the Metropolitan Asylums managers to the impropriety of keeping dangerous and curable cases at Leavesden and Caterham, which were only intended for the reception of the most harmless and chronic class of paupers, who had been previously detained in workhouses. But the fact of such cases being there at all proves that the mode of admission is not satisfactory. There is not complete proof that errors may not have been made in the opposite direction, and that persons not really insane enough to justify detention may not also be found there; whilst it is well known that the huge conglomeration of all forms of insanity, at places like Hanwell and Colney Hatch, are not conducive to the most effective treatment. We demand, therefore, in the interests both of the public and of the insane, that the whole subject should be referred to a competent Commission; and, in doing so, we would venture again to draw attention to the recent reports of the Scotch Lunacy Commissioners on the treatment and management of a considerable number of harmless persons in the homes of relatives and friends. In England the supervision of pauper lunatics outside the asylums is very unsatisfactory. The Poor-law district medical officer visits them from time to time, but his duty ceases with sending in a quarterly list, and he is not authorised in any way to secure their proper treatment. As it is hopeless to expect that the public will accede to the prospect of building a new lunatic asylum every four years—the present rate of demand upon them,—it is surely worth while to inquire whether, by a better system of home inspection, some very harmless lunatics may not be left at home.

ACTION FOR ALLEGED MALPRAXIS IN MIDWIFERY.

An attempt was made in the County Court in Stockton-on-Tees on Friday and Saturday to recover £2000 damages from Mr. David Hope Watson for alleged malpractice in the case of a primiparous patient. The chief allegation to which the evidence for the plaintiff tended was, that Mr. Watson removed the placenta prematurely, and that, in doing so, he produced inversion of the uterus, which was overlooked, which caused retention of urine that was not properly relieved by the catheter, and which, finally, being incapable of reduction, even under chloroform, and causing hæmorrhages with serious effect on the patient's strength, necessitated excision of the uterus, which was performed, five or six months after her confinement, with the écraseur by Dr. William Murray, of Newcastle. The defendant, on the other hand, said he was in no improper haste, and used no unwonted force in the removal of the placenta, which was not removed till it dropped into the vagina: the contractions continued strong, and inversion of the uterus occurred to his great alarm. He sent for Mr. Oliver, who succeeded in restoring the fundus to its proper place. Mr. Watson showed that he attended closely, and examined daily to see if the uterine tumour was in its place, and he swore that when he last saw the patient he found all things satisfactory. Six days after delivery Mr. Watson was sent for, and not going—reason not given,—Mr. Farquharson was called to see the case. He found retention of urine, and relieved it with the catheter. He says that he suspected inversion of the uterus, but did not examine for it for some time after being called in, when he found it. It should be said that Mr. Farquharson and Mr. Watson were then partners, but not on friendly terms. Dr. Keiller, of Edinburgh, strongly supported the defendant by his evidence. The view taken of the inversion by the defendant was, that it was produced originally by contractions of the uterus, and was reproduced either by continued contractions or by forbidden attempts to rise to make water. Dr. Keiller, however, strongly disapproved of the excision of the uterus, maintaining that repeated and long-continued efforts at reduction, with the use, if necessary, of special means for dilating the os, should have been practised. The jury returned a verdict for the defendant, and gave another proof of the disposition that has been frequently shown lately on the part of juries to take a considerate view of the difficult questions of medical practice. It is lamentable that this patient should have had to lose her uterus. But Mr. Watson cannot be held responsible for this, if we believe that on the occasion of his last seeing the patient

the uterus was not displaced. We confess that the procedure of excising the uterus, after one or two failures of attempts at reduction, seems to us a radical procedure open to criticism. The weakest part of the case for the defence has reference to the state of the bladder and the non-use of the catheter. However, the plaintiff entirely failed to demonstrate Mr. Watson's blame either for the loss of her uterus or its original displacement; and we heartily congratulate him on the verdict of the jury.

THE OFFICERING OF THE STOCKWELL FEVER HOSPITAL.

IT is to be hoped that the Metropolitan Asylums managers will embrace the opportunity afforded by the resignation of Dr. Barbour to reconsider the mode of officering the Fever Hospital at Stockwell.

We have repeatedly called attention to the promise given to the House of Commons by Mr. Hardy, that these institutions should be officered like other public hospitals—namely, by a resident medical officer, and by visiting physicians engaged in consultation practice. We believe that this arrangement would secure for the sick the very best kind of medical advice, and that it is far more calculated to secure harmonious action and good general administration than the practice of appointing resident officers in exclusive charge of every kind of duty, and not subject to that sort of outside independent inspection which is afforded by the regular visits of a consultee. Mr. Hardy also promised that these institutions should be made available for medical teaching—indeed, this was provided for in the Act of Parliament. It is most essential that this promise should not be lost sight of. There is now no excuse for treating infectious diseases in the public hospitals, and the student will have no opportunity of studying them unless the metropolitan asylums managers carry out the intentions of the Legislature in this respect. It is most important, if this be done, that the junior physicians attached to the various schools of medicine should have appointments at these hospitals. Although the money question is not of the same importance as the best mode of securing good administration and the highest available skill, we believe that no great increase of expenditure would be necessary. We do not doubt that there are to be found young physicians, having the highest qualifications, who would be ready to accept office for an honorarium such as that which has secured for the London Fever Hospital the services of such members of the College as Tweedie, Murchison, Buchanan, and Broadbent.

THE CONTAGIOUS DISEASES ACTS.

A FEW hours before Mr. Gladstone, in his address at Greenwich, had committed the Government to an early declaration of policy with regard to the Contagious Diseases Acts, there appeared in the *Standard*, under the signature of "An Unfortunate who has known happier days," a letter illustrating in the clearest possible light the precise state of matters with which that policy will have to deal. The writer confesses to having pursued her calling both in a garrison-town and a sea-port, and feels perfectly sure that the strict enforcement of the Contagious Diseases Acts would work an incalculable amount of good. Disposing of the objection that so long as one sex only is to come under legal regulation, will the disease set the stamping-out process at defiance, the writer explains that where one man communicates the disease to one woman, one woman will communicate it to at least twenty men, and that while the man can nearly always tell from whom he derived it, the "unfortunate" never can. Besides, the professional prostitute is known and easily brought to book; whereas her visitors are generally neither known nor suspected—another cogent argument against examining men as well as women. The writer makes short work of the question, "Why are houses of ill-fame so protected and winked at?" It is not in such houses, nor among "unfortunates" only that the disease is rife. In work-room and in show-room, behind bar or counter, there are girls presenting day by day modest faces to the world, who are night by night no better than their professional sisters, and often equally contaminated. It is, however, in houses of ill-fame that the disease is fostered, it is from these that it is diffused through society; so that the operation of the Acts at the centre cannot fail to be felt for good at the circumference. No man, in this woman's sad experience, was ever yet "deterred by fear of disease," a point which we have always maintained, and which we again submit to the attention of those who are about to engage actively in the legislation just promised by Mr. Gladstone.

MEDICAL RELIEF IN CARMARTHEN.

AT the last meeting of the Carmarthen Guardians, the Rev. Latimer M. Jones drew attention to the defective system of medical relief. His observations related to the town rather than to the surrounding villages. At present they paid a medical officer £80 a year for the poor of a population of 10,400, and his income was increased by fees, extras, and vaccinations to about £160 a year. When he visits the poor, the medical officer has to consider whether he should give so much of his money in medicine, or whether he should keep it in his own pocket. He did not think they ought to deal with their officer in that way, and to put so strong a temptation before him. He could scarcely blame the medical officer for ordering porter and mutton for the poor out of the rates instead of giving quinine and cod-liver oil at his own cost. When, however, poor people insist on having medicine, there was no saying what they got. He was very fond of tasting the medicine when he went to see the poor, and he could hardly ever distinguish between that given to a consumptive patient and that to one suffering from typhus fever. It was almost always a decoction of peppermint and water, and so on. He made no charge of any kind against the medical officer, but spoke solely of the system.

The profession and the sick poor of Carmarthen are greatly indebted to Mr. Jones for thus drawing attention to the defective arrangements in respect of medical relief. As might, perhaps, be expected, the subject was not a palatable one to the Carmarthen guardians, some of whom seemed to think that the medical arrangements were sufficiently good, and that the poor might go to the infirmary, supported by voluntary contributions, if they were not satisfied. The excellent observations of Mr. Jones and of the chairman will, we trust, make some impression on the public, and in the end the guardians may be brought to acknowledge the true economy of a proper system of medical relief. As the chairman observed, medical officers are but men, and although it is quite impossible to suppose that they are in any case guilty of intentional neglect, it cannot but happen that the motive of economy in drugs must operate to the occasional disadvantage of the poor. We doubt if the cost of drugs really enters into the mind of the medical officer directly, beyond perhaps using the cheaper remedies when there is a choice, as arsenic for quinine, &c.; but when every visit to a poor patient results in loss there is at least the temptation to pay as few visits as are consistent with satisfying the guardians that there has been no culpable neglect. We think, however, that the real argument in favour of dispensaries lies in the fact that they tend to develop the zeal of the medical officer, and to raise his

professional reputation, which certainly cannot be effected by the present Poor-law system. The guardians may rely upon it that good work is always economical. It is extremely satisfactory to find that the clergy are interesting themselves in this important branch of public charity. A proper development of the Poor-law system ought to diminish the necessity for the indiscriminate administration of medical relief at hospitals. We hope that Mr. Jones will not be discouraged, but will renew the discussion at a future time.

THE IMPORTATION OF SCARLATINA INTO INDIA.

We perceive that Sir Thomas Watson, in the new edition of his lectures, has adverted to this subject, and the circumstances are of some interest, since they partake very much of the nature of an experiment. Until quite recently, Sir Thomas Watson tells us, he had supposed that scarlet fever was unknown in India. He had been assured by men of large Indian experience, by Sir Ranald Martin, by Dr. Jackson, and Mr. Hewlett, that they had never seen nor heard of that disease throughout our Indian dominions. Sir Thomas Watson then refers to the fact, recorded by Surgeon Chapple in our columns, of the occurrence of cases at Kirkee, imported from this country through the new overland troop system of steamers. According to a communication from Surgeon Lundy, of the 58th Regiment, addressed to the *Indian Medical Gazette*, it would also appear that scarlatina was imported into Sealkote by a draft that had arrived at that station from England in the spring of the present year. The disease first appeared on the voyage out, two men and four children having been left behind at Aden. Many cases occurred at Sealkote among the children of the men of the 58th Regiment, and two of them proved fatal. All the characteristic symptoms were present, and in some cases the attack was followed by albuminuria and dropsy. We believe we are correct in saying that Assistant-surgeon Thomas Mansell, R.A., was the first person publicly to report the occurrence of scarlatina in India. Sir Thomas Watson very pertinently remarks that, "considering the previous freedom from scarlatina of that large portion of the habitable earth, the date of what may prove to have been its earliest infection is worth noting; and the truth which it helps to enforce is worth repeating—namely, that, like small-pox, measles, &c., scarlatina does not arise nowadays except from contagion."

When communication with Australia becomes more extensive and rapid than it is at present, it is very possible that we may witness the introduction of cholera into that country.

RESIDENT APPOINTMENTS AT ST. THOMAS'S.

We regret to hear that Sir Francis Hicks is disposed to show a want of consideration towards the junior officers of the hospital. It seems that the resident assistant-physician, whoever he may be, who must possess the M.R.C.P. or be a graduate of a British university, is bound not to be absent at any time from the hospital unless he can find a substitute who shall be approved by the treasurer. But the treasurer, it appears, refuses to recognise any substitute unless he be both M.R.C.P. *and* connected with the hospital staff; so that the resident assistant-physician cannot go out to any scientific meetings, or to any dinner, or to any friends in the evening, unless one of the physicians or assistant-physicians remains within the hospital walls in his place. There are two resident house-physicians, both qualified men, and these are not considered proper substitutes. Representations have been made to the treasurer by the staff on this subject, and we hope with due effect.

SMALL-POX HOSPITAL AT OXFORD.

By a majority of 44 to 9 it was decreed, in a convocation held at Oxford on the 26th inst., to authorise the delegates of lodging-houses to place a temporary hospital in the University-park, or in the grounds attached to the Museum, as the medical advisers of the delegates might recommend. Dr. Child, of Exeter College, the sanitary inspector, explained that, in spite of the continued prevalence of small-pox, the precautions hitherto adopted had lessened the risk of its invading the University, and that the measure embodied in the proposed decree, as giving provisional powers, would reduce such risk to a minimum. Objections were taken to the decree in the interest of the families residing near the park or resorting to it. To these and other objections Dr. Child replied that the proposed site possessed, as no others did, all the requisite conditions. Isolation beyond a certain point—fifty yards, for instance—was impracticable. Dr. Child was ably supported by Professor Rolleston, who had no objection to the proximity of the hospital to his own house, believing, as he did, that the danger of the spread of small-pox was, under the circumstances, infinitesimal.

POOR-LAW MEDICAL SERVICE.

A special meeting of the Council and members of the Poor-law Medical Officers' Association will be held at the Medical Club, 9, Spring-gardens, on Tuesday, November 7th, 1871, at 7 P.M. precisely, when Mr. Corrance, M.P. for East Suffolk, will submit for consideration the Bill which he intends to bring forward next session, "for the better regulation of medical poor relief, and for establishing dispensaries in England and Wales," and on which occasion the sense of the meeting will be taken as to the advisability of incorporating therewith certain sanitary clauses, which have been referred by the Social Science Association to the joint committee of that and the British Medical Association.

The questions which will be raised do not affect Poor-law medical officers only, but will be found interesting to medical officers of health, and to all social and sanitary reformers; under these circumstances it is to be hoped that there will be a good attendance.

FEMALE MEDICAL STUDENTS.

The Edinburgh school has come badly out of its imbroglio with the lady students. The motion of Dr. Alexander Wood, to which we made reference last week, was negatived by a majority of ten. As we then pointed out, the issue before the General Council was neither more nor less than this—to keep faith with the female students whom the University had allowed to proceed two years in their medical curriculum. The Council was not asked to commit itself in the slightest degree to any opinion favourable or unfavourable to the admission of ladies to a medical career. It had only to concede, in common courtesy, not to say common fairness, the right to which the best legal advice had clearly shown the female students to be entitled—the right to carry on the studies they had been allowed to prosecute half-way towards graduation. Will it be believed? An amendment postponing the settlement of the difficulty till it had been duly considered by the authorities of the University was put and carried; as if there was any more room for "consideration" in the matter! Thus Edinburgh stands convicted of having acted unfairly towards seven ladies whom she first accepted as pupils and then stopped half-way in their career. We repeat that the question is entirely distinct from that of the admission of ladies to the profession of medicine.

THE EPIDEMIC OF DENGUE AT ADEN.

THE garrison at Aden has been visited by an epidemic of dengue—a disease vulgarly known as the break-bone fever. It would seem that the earliest attacks occurred about the end of June, but the nature of the disease was not at first determined. It spread with much rapidity, and was believed to be eminently contagious. More than 700 cases occurred, out of a strength of upwards of 900 individuals belonging to the Rifle Brigade and Royal Artillery forming the garrison of Aden. The disease attacked officers, men, women, and children alike, but it did not prove fatal to any.

It is believed that the disease was imported from Zanzibar, at which place, and along the neighbouring coast, it had been prevailing for some time previously. Its introduction into Aden is attributed to the free communication that existed between that station and the infected localities by means of native trading vessels. Dengue somewhat resembles rheumatic fever, or that variety of scarlet fever, attended with marked arthritic symptoms, sometimes witnessed in this country. Its invasion is sudden, associated with fever and rheumatic pains, and followed by an exanthem, which seems to vary much in its character, being sometimes a diffused redness like that of scarlatina, sometimes papular, and occasionally even vesicular. After a remission of the symptoms, a relapse often occurs about seven days from the date of the first attack. Pains in the joints and muscles are often complained of for some time after apparent convalescence. Those pains partake very much of the neuralgic character; they are attended with the pricking, burning sensations of a disordered innervation.

"HOSPITAL SUNDAY" IN LIVERPOOL.

A MEETING of the promoters of the "Hospital Sunday" movement in Liverpool was held last week in the Town Hall, for the purpose of receiving the first annual report of the Committee. Our readers who remember how strenuously we have advocated this movement, not only as regards Liverpool, but as one worthy of universal adoption, will understand the satisfaction we feel on learning that its first-fruits in Liverpool yielded the handsome sum of £4869, derived from the co-operation of 195 congregations of all denominations. Fourteen medical charities were selected by the Committee for participation, and the several proportions have all been duly paid over. In preparation for the second year's collections, which will be made on the 14th of January next, the Committee have been actively at work smoothing difficulties, and doing their best to insure an issue even more successful than before. And that efforts of this kind are needful may be gathered from an expression of doubt on the part of the Mayor whether the finances of the town would admit of the usual contribution from the corporation to the various charities being made this year. The proceedings at last week's meeting were throughout of an entirely harmonious character—a fact which augurs well for future "Hospital Sundays" in Liverpool.

SMALL-POX.

IT appears that we are not likely to hear the last of the small-pox epidemic for some time to come. Ever since the commencement of the outbreak, we have been industriously engaged in exporting the disease to our colonies, insomuch that the inhabitants of the latter prefer, in many instances, to give vessels that come from our shores a very wide berth rather than run the risk of introducing the disease among the people. The island of Trinidad is now declared by the other West Indian ports "infected," and, under these circumstances, all vessels proceeding thence on intercolonial voyages are subjected to a twenty-one days' quarantine. And, as a matter of course, the line of action pursued by Dr. Bakewell, Vaccinator-General, has not tended to reassure the inhabitants. We desire, however, again to point out the importance of instituting some official sanitary surveillance over the shipping. Abundant experience has been gleaned during the late epidemic that goes to prove the constancy and persistency with which vessels have propagated and perpetuated the disease. We know that they have carried it to Madeira, Teneriffe, the Cape of Good Hope, Australia, the West Indies, and the North-east Coast of South America; and it is an equally well-attested fact that coasting vessels, having had cases of small-pox on board, have continued to trade between the Thames and north-eastern ports without having undergone the semblance of any disinfecting process. Can we wonder, under these circumstances, that the disease continues to hover about the large waterside towns?

THE SEWAGE QUESTION IN BIRMINGHAM.

AFTER a very long and exhaustive debate, the Town Council of Birmingham have resolved, by a large majority, to adopt the report of the Sewage Inquiry Committee, an abstract of which has recently been reported in our columns. With the propriety of adopting downward intermittent filtration as a temporary expedient, in preference to the immediate purchase of several thousand acres to be converted into a sewage farm, we very cordially agree. We have repeatedly pointed out the impossibility of public corporations becoming sewage farmers to this extent, and it is evident that some method must be at once adopted for preventing the river pollution which is now going on. The Council are also right in having an experimental sewage farm. In good hands such a farm will teach the surrounding farmers the true value of sewage, and the best ways of using it economically.

We may hope that the Council will find opportunity for reconsidering their course as to the taxing of waterclosets. The difficulties in dealing with the sewage are not in the least degree increased by their use, whilst there are many reasons why nothing should be done to diminish permanently the manurial value of sewage. On the contrary, the efforts of the Council would have been more wisely directed to the consideration as to how they would diminish the volume of water derived from storm and subsoil, and if not to diminish, certainly to prevent its further increase.

BRITISH MEDICAL BENEVOLENT FUND.

TWENTY-TWO applications for assistance were laid before the Committee of this Fund at their meeting on Tuesday last; and in eighteen of these, grants were made amounting in the aggregate to £135. The treasurer reported the receipt of a legacy of £500, free of duty, bequeathed by the late Dr. Geo. Cursham. This sum has, in accordance with the laws, been invested, and added to the Annuity Fund.

We regret to find that the Committee are unable from want of funds to increase the number of annuitants this year, there being as many as thirty candidates admitted as eligible who are eagerly awaiting their election.

THE EDINBURGH INFIRMARY.

AN important resolution was passed by the Senatus Academicus of the University of Edinburgh on Tuesday, in reference to the sale of the Infirmary buildings. An interlocutor of Lord Gifford of the 24th ult. rendered perpetual two interim interdicts whereby the managers of the Infirmary were prohibited carrying into effect either of two bargains

for the sale of the site and buildings of the Infirmary to the University. The Senatus, by the resolution referred to, have expressed themselves as averse to maintain a position which may directly or indirectly tend to the prolongation of a costly litigation, injurious to the interests not only of the charity over which the managers preside, but also of the University and the general public. They accordingly have relieved the managers of the Infirmary from the bargains entered upon.

A WISE MEASURE.

PERSONS at all acquainted with India are well aware of the fact that Peshawur Valley is a highly malarious station, and that the troops stationed there not only suffer from fevers, but are very susceptible to the action of epidemic causes of disease. In 1869 the troops at Peshawur suffered terrible losses from cholera; and the authorities have been urged from time to time to curtail to the utmost the strength of the garrison there. The Indian Government was probably fully impressed with the necessity of this being done, but they were believed to be averse to the removal of European troops on the ground that Peshawur was, from strategical reasons, a very important station. A great deal has, however, been accomplished this season with a view to guard the health of the troops by utilising a neighbouring station, Cheerat, which is upwards of 4000 feet above the level of the sea. The Indian Government issued orders to the effect that half the soldiers and artillerymen composing the Peshawur force were to be located at Cheerat during the unhealthy season of the present year. This measure is most judicious; and we may fairly expect that its effect on the health of the men during the next few years will manifest the wisdom of it.

DRS. PARKES AND SANDERSON.

AT a meeting of the Liverpool Corporation, held on Monday last, it was unanimously resolved that the best thanks of the Council be given to E. A. Parkes, M.D., F.R.S., and J. B. Sanderson, M.D., F.R.S., for their invaluable report on the sanitary condition of Liverpool, and for their services generally in conducting the recent sanitary inquiry at the request of the Council. Many members of the Council observed that the remuneration (100 guineas) did not in any way cover the work which had been done. We entirely agree with this remark. The Liverpool Corporation might have remembered that "fine words butter no parsnips"; and it would have been an action not unworthy of so large and rich a community if they had offered their thanks in the more substantial form of an increased fee.

EPIDEMIOLOGICAL SOCIETY.

ON Wednesday next, the 8th inst., this Society will open its session. The President, Inspector-General Lawson, will deliver an address; and it may be anticipated that this will be rich in interest. Unhappily, epidemiologists have had too abundant material of late to work upon. The most serious epidemic, or rather pandemic, of small-pox from which the world has suffered for many years is not yet at an end. Cholera, in its epidemic form, exists widely in Northern Europe, and again threatens this country. Yellow fever has hardly yet ceased to prevail in a pestilential form in more than one locality of South America. Finally, the news of true plague, following in the track of famine, comes to us from Persia. The Society invites the attendance of all who take an interest in the subject of its labours to the opening meeting of the session.

SUBCUTANEOUS DIVISION OF THE FEMUR.

AT the Great Northern Hospital on Wednesday last, Mr. W. Adams performed subcutaneous division of the femur in a youth eighteen years of age, who for ten years had been the subject of bony anchylosis of the right hip-joint, the consequence of rheumatic inflammation. Division of the tendons of the rectus femoris, the tensor vaginæ femoris, and the adductor longus muscles was performed before any movement of the limb, independent of the pelvis, could be obtained. The range thus secured extended from half-flexion to complete flexion on the abdomen. It is Mr. Adams's intention, after having allowed the patient a few days' repose, to apply gradual extension by means of a weight. The operation was performed in the presence of a considerable number of interested visitors.

EFFECTS OF THE TREADWHEEL.

THE surgeon to the Liverpool Gaol reports that he has no hesitation in corroborating the statement of his predecessor that the effects of treadwheel punishment are sometimes severe, and that in all cases it required constant watchfulness on the part of the officials. In two instances it had produced a slight tendency to hernia, but he does not consider it more likely to produce that disease than many other forms of labour. Of 1989 prisoners sentenced to the treadwheel, 417 had been considered unfit to complete their sentences.

ON the application of Messrs. Frank Buckland and Merriman, the Council of the Royal College of Surgeons voted at its last meeting the sum of ten guineas towards the memorial window to John Hunter, about to be placed in Kensington New Church. The Council, it will be remembered, has subscribed upwards of £400 towards the expenses incurred for the reinterment of the great anatomist in Westminster Abbey, for the noble statue by Weekes which now graces the museum of the College; and for the monumental brass by Hardman over his final place of rest.

WE regret to say that the *entente cordiale* which Baron Liebig, in a recent address, was so gratified to observe between French and German *savants*, has sustained a rude shock. Dr. Herschel, late physician to the German Imperial Embassy in Paris, was expelled from France on the outbreak of war; but after peace had been concluded returned to his residence. He is now in London, having found the prejudice against his countrymen in France unbearable. Medical and scientific bodies, as well as clubs, in Paris systematically snub their German members.

IT is rumoured that Inspector-General Beatson, C.B., is to relieve Inspector-General Dr. Muir, C.B., in India in the spring of next year; that Dr. F. Innes, C.B., will probably be promoted and proceed to Netley as successor to Dr. Beatson; and that Dr. Massy, C.B., the present head of the Sanitary Branch at Whitehall-yard, will embark for India early next year, and be succeeded in his present appointment by Dr. Muir, who will, in all probability, be the next Director-General of the Army Medical Department.

SURGEON MANLEY, of the Royal Artillery, has received from the German Imperial Government the Iron Cross and the Steel War Medal for his skilful and courageous service when in charge of "B" division of the British ambulance, and when attached to the 22nd division of the Prussian army. He went to Paris immediately after the declaration of the armistice with provisions for the hospitals, and has since been engaged on valuable reports as to the working of the Prussian medical service.

THE Committee for the "Solly Memorial," at a meeting on the 13th ult. at the Cannon-street Hotel, resolved that the fund be applied to establishing, at St. Thomas's Hospital, an annual prize or medal, or scholarship, bearing Mr. Solly's name. It was also proposed to present a bust of him to the medical school of that hospital. Those who desire to add to the £300 already subscribed should address one or other of the secretaries at St. Thomas's.

THE corporation of Leicester have entered into contracts for building a new fever hospital, at a cost of about £2000. The hospital will consist of three wards for the reception of thirty patients (two of the wards being for twelve patients each, and one for six), with nurses' rooms, receiving-rooms, baths, closets, dispensary, laundry, disinfecting-room, mortuary, and other offices. The building will be heated by stoves, and can readily be enlarged if required.

DR. LANKESTER, in his report to the vestry of St. James's, Westminster, says: "The small-pox is now slowly departing from the metropolis, after slaying 5000 persons, and maiming, disfiguring, and pauperising about 100,000 more. It must have cost the metropolis at least £100,000, a tenth part of which sum, judiciously expended, would have cut short this epidemic at its very commencement."

IN Dublin great uneasiness is caused by the spread of small-pox, from which the city had been, until within the last few weeks, wellnigh exempt. One hundred and fifty cases for the ten days preceding the 27th ult. have been reported in the hospitals, and additional accommodation has been found requisite, in the North Dublin Union particularly.

FEMININE aid to the sick and wounded in the late war has been recognised in many ways—the last acknowledgment being that of the Emperor William to Miss Florence Lees, on whom he has conferred the Order of Merit for Women. The Order is termed the "Verdienst Kreuz," and has been forwarded through the German Embassy to its fair recipient.

AT the trial of the Kelly murder, Dr. William Stokes was examined on Wednesday. Witness said he had had the assistance and advice of Mr. Smyth (professor of surgery in Dublin University), Mr. Hamilton, Mr. R. Adams, Mr. Jolliffe Tufnell, Mr. Porter, and Mr. R. Macdonnell. We shall probably notice the evidence after the verdict.

THE Bideford Local Board is taking steps for providing a temporary hospital for small-pox cases, the disease having appeared in the town. A medical officer to the Board has been appointed; salary *ten guineas a year!*

SIR H. SUMNER MAINE has taken his seat in the Senate of the University of London, to fill the vacancy caused by the death of Mr. Grote.

SIR WM. FERGUSSON and Dr. Morell Mackenzie have been unanimously elected Corresponding Members of the Royal Buda-Pesth Society of Physicians.

MR. FRANCIS FOWKE, secretary to the General Hospital, Birmingham, has been selected to fill the post of Secretary to the British Medical Association.

MR. DISRAELI has consented to be the Conservative candidate for the Rectorship of Glasgow University, and will be nominated at the opening of the session on Monday.

MRS. THORNE, Miss Chaplin, and Miss Pechey were successful in passing their first or professional examination at Edinburgh last week.

THE BROWN INSTITUTION.

THE buildings which are being erected for the purposes of this institution in the Walworth-road are now approaching completion, and will be ready for the reception of the staff in about a month from this date. The institution is situated close to the Nine Elms railway station, on a plot of ground about an acre and a half in extent, the freehold of which has been purchased by the trustees. The buildings consist of three blocks. The first is for the accommodation of the animals under treatment and observation, and consists of a five-stall stable, and five other rooms for animals, a dead-house and post-mortem room, a stove for cooking the animals' food, and a hayloft. This may be called the hospital. Connected with the hospital is a dog-kennel, which is semi-detached from the main building. The second block of buildings is devoted entirely to scientific purposes, and may be called the pathological laboratory. It is built in two storeys, the upper of which contains five apartments, which will be entirely devoted to the scientific investigation of morbid processes. They comprise a chemical laboratory, a private laboratory for the professor, a room for keeping apparatus in, and a separate room for gas apparatus, beneath which, and communicating with it by a trap door, is another room to contain a furnace and sulphuretted hydrogen apparatus. The third block of buildings (which was purchased with the ground) consists of two ordinary dwelling-houses.

The whole of the new buildings are heated with hot water, and every attention has been paid to the proper ventilation and drainage of the hospital. The laboratory is admirably lighted, and, the majority of the windows facing the north, is well suited for microscopic work. There is little likelihood of any encroachment on the part of neighbouring buildings, as the establishment next door is a reformatory.

The staff will consist of a professor, an assistant professor, a veterinary surgeon, and three servants. The professor, as our readers are aware, is Dr. Burdon Sanderson, and this gentleman has nominated Dr. Klein to be his assistant. The veterinary surgeon has not yet been appointed.

The animals' hospital will be under the charge of the veterinary surgeon; and the public, by paying the necessary expenses, will be permitted to send sick animals hither for treatment. The part of the institution from which we may reasonably expect the most valuable results is, of course, the pathological laboratory, where, under the guidance of Dr. Sanderson, everything will be done that can possibly throw any light upon the various morbid processes to which animals—and the noblest of all animals, man—are liable. The institution will be, as it were, a pathological observatory, and will be in some degree analogous to the German pathological institutes. Material and apparatus will be plentifully provided, and here the earnest scientific student may repair, and, for a moderate fee, be enabled to enlarge his knowledge of pathology, or carry out any special investigation which may seem to him and the professor as likely to prove worthy of prosecution. Attention will be directed to the febrile state, tuberculosis, pyæmia, small-pox, pleuro-pneumonia, and other diseases; and we can have no doubt that much valuable work will be done in the Brown Institution.

We must add that physiological investigations form no part of the scheme of the Brown Institution, which will be devoted entirely to pathology. It will supply a want which has long been felt; and beginning its career as it does with so painstaking and able an observer at its head, we can have no doubt of its ultimate success and great utility.

THE HAMPSTEAD HOSPITAL INQUIRY.

ON Monday last the interest in this inquiry was revived by the examination of Dr. Grieve. After describing his qualifications, the circumstances attending the opening of the hospital, and the first admission of patients under difficulties to meet the demands of the public, the construction

of the wards, his own duties and those of the assistant medical officers, he proceeded to state that he was responsible for the general management of the hospital. The assistant medical officers had medical duties, and were required to report matters and complaints to him. He heard no general complaints of insufficiency as regards diet, of shortness of milk, or of badness of meat, &c., but individual and exceptional complaints were remedied. Had never seen patients restrained with a twisted sheet or rope, but only with folded sheets. He approved of restraint to a certain extent, and under proper supervision. No complaints against restraint had reached him. He considered the nurses did their duty well; the cooking and beef-tea were good. Some limitation was given to the ordering of eggs and stimulants, as their use was becoming excessive. There had been no undue economy.

On Tuesday Dr. Grieve was recalled, and said there was no hard and fast line that Mr. Greaves, when he first came, should have no power to alter diets. There were no complaints from Mr. Greaves as to diets; in fact, he actually ordered extras, and they were given. Mr. Kynaston had not made any *actual* report as to shortness of nurses, certainly no constant complaints. The medical officer of a ward had power to modify regulations as to restraint. He was then cross-examined at great length by Mr. Collins, with a view to show that the "charges" were well founded, and that the assistant medical officers had reported the particulars with regard to them. He said he had no fault to find with Mr. Aikman; that no representations on the subject of the charges had been really made to him—to wit, as regards mechanical restraint, reporting nurses, diet, &c. He spoke of the irregular times at which extras were ordered, which caused some difficulties in the matter of diets. He had told Mr. Kynaston he would not alter the diets, as that officer gave no reason for such a step. The reports of the juniors were sent to him for his own information.

On Wednesday Dr. Grieve's cross-examination was continued, and it came out that he never told the assistant officers that they were not responsible for the actual well-being of the patients under their care. It was their duty to report anything wrong.

Dr. Bridges was next examined, and said he had visited the hospital on several occasions, and saw everything satisfactory. Heard one complaint only, and that was about a nurse drinking a patient's wine, and she was dismissed.

Mr. J. N. Radcliffe spoke in praise of the hospital, as did Mr. Hart, Dr. Gordon, C.B., Dr. John Murray, and Dr. Perry.

After some discussion as to the advisability of counsel making speeches, which Mr. Henley thought useless, the inquiry was adjourned.

Correspondence.

"Audi alteram partem."

HER MAJESTY'S ILLNESS.

To the Editor of THE LANCET.

SIR,—A statement having been widely circulated to the effect that the Queen's recent illness was the result of revaccination, I trust you will, by inserting this letter, permit me to give the most unqualified contradiction to the report; there is not a shadow of foundation for it in facts. Her Majesty's recent illness did not commence till many months after the revaccination; there was no connexion, direct or indirect, between the two.

I should not have contradicted a statement so entirely without foundation had I not heard that, in consequence of the positive terms in which the assertion is made, it is receiving a certain amount of credence, and is so causing harm to the public health. — I am, Sir, yours obediently,

Oct. 31st, 1871. W. JENNER, M.D.

THE ELIMINATION OF POISONS.

To the Editor of THE LANCET.

SIR,—Dr. Clifford Allbutt, in the passage which I quoted from his introductory address, obviously called in question the elimination of "such poisons as we can see and weigh." Upon this I put to him some queries which he has not yet answered. He now asserts that "a salt escapes simply by virtue of its own physical and chemical properties, and in no way in proportion to, or in the character of, its properties as a poison." This contradicts no statement or opinion of mine, but it would, I think, be more correct to say that a salt either escapes or acts as a poison, or does both, by virtue of the mutual action and reaction of the physical and chemical properties of the salt and the more recondite properties of the living tissues and fluids.

Dr. Allbutt intimates that I unfairly use the word elimination in two senses. I am not conscious of having done so. I attach no other meaning to the word than that of active casting out. When a foreign substance, whether poisonous or innocuous, passes away by the kidneys, it must be expelled or carried out by some force acting upon it, and giving it motion; it cannot escape by an inherent power of its own. Iodide of potassium certainly possesses no independent locomotor power outside the body; it as certainly acquires none within the living body. The movement of the salt from the stomach through the blood into the bladder, and its final expulsion, cannot be effected without an expenditure of force. The whole process is as certainly, though not quite as obviously, the result of an effort as is the movement of the circulating blood. I beg, however, to remind Dr. Allbutt that the expression "*intelligent* effort of nature" is his, not mine. I am as fully aware as Dr. Allbutt himself can be that pathology is a department of physiology; as remote therefore from metaphysics on the one hand as from mere mechanics on the other.

It must, I think, be apparent that the illustrations in which Dr. Allbutt delights are not always happily chosen, or quite consistent with each other. In his introductory address he compares the elimination of poisons with the expulsion of dirt from the works of a watch. In this comparison he ignores the fact that the escape of dirt from a watch is a rare result of accident, while the ejection of poisonous or refuse and useless materials from the living body is surely and constantly effected by complex eliminative organs, specially, and I venture to say *intelligently*, provided to discharge that physiological function. Dr. Allbutt will not deny that, whereas animals have kidneys, watches have not yet been provided with a corresponding outlet for dirt. In Dr. Allbutt's reply to me he employs an entirely different argument and illustration. While he denies that poisons are eliminated, he admits that they escape, and in order to make the process clear he compares it with the escape of a fugitive thief. If the theory of elimination tends to exalt our ideas of the conservative power inherent in the living body, the "escape" hypothesis attributes to poisons marvellous powers of locomotion. It appears, however, that to say that a poison runs away like a thief is more philosophical than to believe that it is forcibly ejected from the body. I am, Sir, yours, &c.,

Savile-row, Oct. 30th, 1871. GEORGE JOHNSON.

COLD-WATER TREATMENT OF FEVERS.

To the Editor of THE LANCET.

SIR,—Will you kindly give space in your columns for the following letter, which may, I hope, be the means of eliciting from our leading physicians their views relative to the advisability or otherwise of the cold-water treatment of fevers.

I have had under my care, during the last few years, a great number of cases of typhoid and rheumatic fever, all of which I have treated in the general way, and have been fortunate enough not to lose any.

Some few weeks ago I had a very severe case of typhoid fever in a young lady, who, by-the-by, was also suffering from severe mental shock, having lost her sister in Wales from the same fever. My patient's symptoms were, it is true, very severe and unfavourable from the first, her temperature being, from the first day I saw her, 104·5°, and sometimes in the morning 105°. She had violent delirium. Pulse varying from 125 to 145 in the minute.

At a consultation, it was decided to adopt the cold-water sponging, give stimulants, quinine, &c. After the first twenty-four hours the temperature had decidedly decreased, and the pulse was quieter. The sponging was continued four or five times a day, the temperature still falling till it got to 101·5°, and I held out hopes to the friends that the sym-

ptoms were more favourable. Two days after the sponging was commenced, pneumonia set in, and the following day, the fourteenth of the disease, she died.

At the same time I had another case of typhoid fever, in a man; temperature 104·5°; pulse 130–140 per minute. I ordered him the cold-water sponging. Two days afterwards, on examining his urine, I found it contained large quantities of blood. I immediately left off the cold sponging and substituted hot hip-baths, and gave antimonial wine with acetate of ammonia; the hæmaturia disappeared, and the patient rapidly recovered.

In both the above cases it is but fair to say that the patients themselves liked the cold sponging.

I think, Sir, you will agree with me that the above cases must give rise to grave doubts as to the advisability, at any rate in private practice, of adopting the cold-water system. It suggests to me the following questions, which I shall be glad if anyone who is acquainted with facts will answer—viz., Is the cold-water system adopted at the fever hospitals? if so, is the rate of mortality less now than before it was commenced? Is the rate of mortality lower in Germany—where, I believe, the cold-water treatment has been in use for some years past—than it has been in England? or is the fever appreciably lessened in intensity or duration?

In the two cases I have roughly sketched, the first I admit to have been as bad as it possibly could be, the patient having from the first made up her mind to die, and the disease making rapid strides from the very onset. In this case I do not mean to say that the cold water hastened death, but, although it lowered the temperature, it certainly did not prolong life. In the second, the urine was perfectly free from albumen or blood until the cold water was commenced, and although, as in the first case, the temperature was lowered, the general symptoms were aggravated, and hæmaturia supervened. This may have been a coincidence perfectly independent of the cold water, but it was, nevertheless, the fact.

Having put this subject fairly before the public, I shall be perfectly contented if it gives rise to a fair and impartial discussion in your columns; and let me, in conclusion, beg any of your readers who may have had cases similar to the two I have recorded, not to hesitate to publish them, as it is only by looking at both sides of the question that one can arrive at a fair estimate of the value of any method of treatment.—Believe me, Sir, yours truly,

Pier-road, Erith, October, 1871. F. P. JESSETT.

THE "SANITARY VICTORY AT CALCUTTA."

To the Editor of THE LANCET.

SIR,—Dr. Mouat's views on the "Sanitary Victory at Calcutta," in your issue of the 21st October, might lead to such erroneous impressions if allowed to pass unchallenged that I would beg permission to offer a few remarks on his statements.

During the years 1869 and 1870 I was intimately acquainted with all the details of Mr. Clark's system for the sewerage and drainage of Calcutta. The result may be shortly stated: that the native quarter of the town, in which Dr. Mouat lived for "nearly thirteen years," as he states, in the midst of a "hideous den of dirt and disease," is now, under the operation of Mr. Clark's unison of sewerage and drainage, as clean and well drained as any well-cared-for European city.

Dr. Mouat believes that "open drains are far more wholesome than covered drains, in tropical climates," and without a proper application of engineering sanitary science this may doubtless be the case; but I can state that the only portion of the works in Calcutta which is now open to animadversion is a part where, during Mr. Clark's absence in Europe, open side drains were laid down along several streets, which remain a nuisance to this day.

If the *poisoning* alluded to means evil in the atmosphere from the combination of sewage and drainage, the fear is groundless; for, where the covered sewers are in operation, the sewage in a fresh and undecomposed state is carried away so directly by such a constant and powerful stream of water, irrespective of any drainage water, that the possibility of any danger is reduced to a minimum.

Mr. Clark owes much of the obstructiveness his comprehensive scheme met with to the opposition of opinions formed in the sanitation of small localities where minute details could be readily enforced; but measures that can be thus carried out are not adapted to the open, free population of a large city; and if such local experiences had not been put on one side, the great improvements now existing in Calcutta, with only half of Mr. Clark's plans carried out, would never have been apparent.

The majority of the justices of Calcutta held back from incurring the great expense of completing the drainage of the city until some proof should be afforded of the utility or otherwise of the works already finished. This proof has been given by the great improvement in the public health, which has been very marked and steadily improving since the commencement of the year 1869. This experience of more than two and a half years is an acknowledged fact, and has been sufficient to convince many of the opponents of the scheme of its practical utility: thus the justices of Calcutta, among whom, as Dr. Mouat observes, "there are some men of eminence," have decided on incurring the further expense of extending Mr. Clark's principles to the whole of the city, and have applied to the Government to lend money for the furtherance of their plans. Surely no better proof could be adduced of the good that has been effected, and of the further advantage that may be expected.

Mr. Clark's operations in Calcutta are a counterpart of the main drainage works of London, but on a smaller scale, and with modifications suited to the country and habits of the people. To "furnish a native hut with Mr. Clark's sewers by any watercloset system that has yet been invented," as Dr. Mouat suggests in his last paragraph, has never been contemplated. Mr. Clark's system is to abolish private latrines for natives except under exceptional circumstances. Public latrines connected with the sewers, and flushed with a constant supply of water, are placed in convenient situations, and the native inhabitants of the city are compelled to resort to them. These offices have now been fully two years in operation in all the drained parts of the city, with the most perfect sanitary results.

You justly endorse the expression that the improvements in Calcutta are the "Plassy of sanitary reform in India." All sanitary questions and details are more or less in an undecided and doubtful phase; but it hardly becomes an advocate on the adverse side of the question to cavil at improvements which are now recognised as of the most important and beneficial character to the public health of that tropical city. — I am, Sir, your obedient servant,

J. T. C. ROSS, F.R.C.S.,
Surgeon-Major, Bengal Army.

Budleigh Salterton, 23rd October, 1871.

OVER-VENTILATION.

To the Editor of THE LANCET.

SIR,—If the matter I am about to refer to has not been discussed in your pages, will you kindly insert this communication, which is intended rather to invite the opinions of others who are well qualified to judge than to express my own dogmatically. A great deal is said most justly about the advantages of free ventilation, but is it not possible to have too much even of so good a thing? For fevers, erysipelas, abscesses, pyæmias, *et id genus omne*, the supply of fresh air no doubt can hardly be too copious and free, and the risk of the patients taking cold may be lightly passed by. Let surgical wards, then, and all those devoted to the reception of infectious disorders, be ventilated *ad infinitum*. But how about the medical? Are our sufferers from acute and subacute chest affections, from acute rheumatism, Bright's disease, and the like, to be dealt with in the same way? At present, I fear, in most institutions they are, and the result, judging from my own hospital experience, is calamitous. What an additional weight is thrown into the scale of death when a poor creature with engorged lungs is received into a hospital ward where currents of cold, sometimes of very cold, air are continually sweeping about him! How fatally the same condition tells on a uræmic sufferer, chilling his skin, and preventing that continuous steady transpiration which is so desirable! How should we like ourselves, if we had acute bronchitis or rheumatic fever, to lie in a chamber traversed by free

currents of cold wintry air? As for our private patients, of this class we know very well what an *émeute* there would be if we attempted more than the most moderate ventilation under such circumstances as we are considering. If these things be so, do not our hospitals greatly need remodeling? Should not the medical cases be separated into two groups, according as they are likely to be benefited or the reverse by exposure to cold air? I am quite aware that this would involve an increase in the number of nurses, besides changes in the construction of the wards, and so would occasion considerable expense; but if it be true that cold air is to many patients so injurious, as I believe it is, there is nothing for it but to use adequate means to fence them from it. In a perfect system, of course, an abundant supply of artificially-warmed air would be provided, and then the large wards might be retained; but if this be impracticable, as I fear must often be the case, the size of the wards will have to be much reduced, and each provided with a fireplace and Arnott's ventilator, or other contrivance for carrying off the foul air.

I remain, Sir, your obedient servant,

October 28th, 1871. A HOSPITAL PHYSICIAN.

MEDICAL PRACTITIONERS AS JURYMEN.

To the Editor of THE LANCET.

SIR,—There is a general impression in our profession that its members are, *virtute officii*, exempt from the annoyance of serving on juries. A paragraph in last week's *Malvern Advertiser* records:—"A question arose as to whether the names of certain medical gentlemen practising in the district, who had not sent in the required claim for exemption, should not be included in the [jury] list, and Sir Henry Lambert [chairman and a barrister] allowed it to be understood that another year that would be done."

In the interests of the medical profession, and as a member of it jealous of its rights, I solicit your opinion, with any references in support of it, in THE LANCET, whether, 1st, Medici are legally liable to be summoned as jurymen; and, if so, whether they are obliged to claim exemption previous to the preparation of jury lists (which should be advertised in the papers in place of being affixed to church doors, where very few observe the lists); or, 2nd, whether the statement in the paragraph is founded on erroneous data. It cannot be held to be the duty of practitioners to serve as jurymen, when the lives, health, and well-being of our patients are imperilled.

I am, Sir, yours obediently,

Malvern Link, October 11th, 1871. STANLEY HAYNES, M.D.

*** The 35th clause of the Medical Act exempts registered practitioners, as previous Acts, and a later one, the Juries Act of 1870, exempt them, from serving on juries. The following is the 35th clause:—"Every person who shall be registered under the provisions of this Act shall be exempt, if he shall so desire, from serving on all juries and inquests whatsoever, and from serving on corporate, parochial, ward, hundred, and township offices, and from serving in the militia; and the name of such person shall not be returned in any list of persons liable to serve in the militia, or in any such office as aforesaid." According to this clause it is illegal to put the names of medical men into the list of jurymen. The law does not contemplate giving them the trouble of claiming exemption. It protects them from the duty in virtue of their calling. In our opinion, Sir Henry Lambert will act without authority if he calls medical men to act as jurymen.—ED. L.

BIRMINGHAM.

(FROM OUR OWN CORRESPONDENT.)

THE town of Birmingham has been in a state of anxious suspense as to the result of the deliberations of the Town Council on the important question of the disposal of the sewage. The debate on the report of the Sewage Inquiry Committee, whose recommendations were published in THE LANCET of the 14th instant, was opened with singular ability by Alderman Avery, the Chairman of that Committee, in a speech of two hours' duration. The discussion was adjourned till the 24th, and the Council sat *de die in diem* until this question was settled. An amendment was moved, recommending the purchase of 2500 acres of land for the disposal, purification, and utilisation of the sewage—a proceeding which means *sewage-farming* on an enormous scale, and at a cost of probably a million of money, instead of the tentative and comparatively inexpensive proposition of the Sewage Inquiry Committee of *sewage purification over a limited area*. The discussion, which was creditable to the judgment and legislative ability of the corporation of Birmingham, ended in the adoption of the Sewage Inquiry Committee's Report.

It is stated that Lord Leigh will lay the foundation stone of the new Out-patient Department of the Queen's Hospital some time during the ensuing month.

The Midland Medical Society held its annual meeting at the Midland Institute on the 11th inst. The secretary's report showed that the Society now numbers eighty-nine fellows and twenty-two members, and the treasurer's showed a balance, after payment of all expenses, of £42. After the usual votes of thanks to the retiring president, Dr. Keyworth, and to the treasurer and secretaries, Mr. James F. West, senior surgeon to the Queen's Hospital, was unanimously elected president for the ensuing year. An interesting discussion may be expected on the 8th of November, when Dr. Lionel Beale, F.R.S., will read a paper "On Contagious Disease-Germs, their Nature and Origin." It has been the custom of the Midland Medical Society to invite to their annual *conversazione* some eminent member of the profession for the purpose of discussing some new question of high scientific interest, and the Society has, during the last two years, had the advantage of hearing papers of great value by Dr. B. W. Richardson, of London, and Professor Norris, of Birmingham. At the present moment, when the germ theory is being so warmly discussed, there is peculiar fitness in the selection of Dr. Beale by the Council, and no subject he could have chosen would probably have greater interest to the profession than that of the nature and origin of contagious disease germs.

Numerous operations have been performed at the hospitals since the opening of the session, it being customary here, as in London, to reserve some for the special instruction and edification of the new alumni. At the General Hospital Mr. Jolly ligatured the superficial femoral for popliteal aneurism, occurring in a young man aged twenty-seven, for whom both digital and mechanical compression had been tried without success. Mr. Jolly performed the operation under the carbolic spray, used a carbolised catgut ligature, and treated the wound according to Prof. Lister's plan. No suppuration has taken place, and, at the end of ten days, the wound is healed, and the tumour, which has become firmly consolidated, is reduced three inches in size. Mr. Bartleet amputated a leg at the knee-joint by Carden's method for an encephaloid growth involving the foot and lower part of the leg in a man aged forty-one. At the Queen's Hospital, Mr. West performed lateral lithotomy in a child aged three, removing a lithic-acid calculus of forty-nine grains. Mr. Gamgee removed a large fatty tumour from the back; and Mr. Furneaux Jordan operated for strabismus and for fistula in ano.

The annual meeting of the Governors of Queen's College has taken place. The report, although mentioning the number of students of the Theological Faculty, is not instructive as to the number of medical students. It contents itself with saying that the entry of students at the beginning of the session 1870–71 was not nearly so large as in October 1869, and that the entry of students for the session now commencing is satisfactory. Precise information on this point, and also on the financial position of the College, would be more generally acceptable. The new students, are said to number 33, of whom 20 have entered for their hospital instruction at the Queen's and 13 at the General Hospital.

The week before last witnessed the opening of the new infirmary at Kidderminster, and last week was notable for the formal throwing open of the "Guest Hospital" at Dudley. The Kidderminster Infirmary, which has been erected from the designs of Mr. Bland, of Birmingham, will accommodate thirty-two patients, and will cost about £10,000, of which

sum nearly £8000 has already been collected; at the conclusion of the opening ceremonial £550 was subscribed in the room towards defraying the debt. Mr. Oliver Pemberton, of Birmingham, who was present on the occasion, expressed his great satisfaction at the appearance of the building, and said he had rarely seen one so compact and well adapted for the purpose intended. The Guest Hospital was formally opened by the Countess of Dudley on the 25th inst., and the day was observed as a general holiday by the people of Dudley. A grand *déjeuner* was given in the new building to about 250 persons by the Earl of Dudley, and general rejoicings took place. The Guest Hospital owes its origin in part to the liberality of the Earl of Dudley, who gave a building formerly used as an almshouse for poor miners who had been blinded or maimed while working in his coalpits, but which had been but little used for that purpose; and partly to the benevolence of a rich nailmaster of Dudley, who died some five years ago, and who bequeathed £20,000 to endow a hospital in his native town.

On Sunday last collections were made in all the places of worship throughout the town for the General Hospital, and from the amount already announced it is probable the charity will benefit to the extent of at least £4000.

October 31st, 1871.

PARIS.

(FROM OUR OWN CORRESPONDENT.)

THE health condition of Paris is at present considerably above par, better than it has been for years at this time of the season. The health returns of the municipality for the week only show 690 deaths—a figure altogether below the average run. Diseases of the alimentary canal are on the decrease. Last week we had only 29 deaths from diarrhœa, instead of about 100, which obtained in the beginning of September. Dysentery is put down at 19; cholera infantum at only 5; cholera nostras, 0. Typhoid fever is stationary, with only an ordinary number of deaths. On the other hand, the cold and damp weather has brought in its usual tributary of diseases of the respiratory organs. Cases of bronchitis, pneumonia, &c., are beginning to prevail. The frequency of cases of diphtheritic angina, to which I referred in one of my recent letters, is still to be observed. Variola, which is now destroying as many as 115 lives a week in Berlin, caused only two deaths here last week.

At the Academy of Medicine, the last sittings have been occupied by terminating the debates on pyæmia and the reading of M. Bergeron's able and lengthy report on the evils of drunkenness.

It has been reserved for Professor Bouillaud to conclude the debates on pyæmia. To hear Bouillaud vindicate the glories of the past generation of workers here, and dwell on the names of Chomel, Dance, Velpeau, Pinel, Broussais, Laennec, &c. (not to mention his own name, illustrious among the most illustrious), was quite a treat, after the hard theoretical disquisitions which had marked the preceding debates on the same subject.

With regard to M. Bergeron's report on the Dangers of of Alcoholism, I may just state that it was intended by the Academy to be made a popular tract, and to awaken the people at large to the horrible effects of drinking. But how such an elaborate and scientific (and very remarkable indeed) piece of writing is to serve such a purpose one can scarcely imagine. Some of the Academicians have been alive to this truth, and have asked the reporter to "get up" another report, destined for the public, and written in a less technical and more familiar style. But the reporter will not consent to this; and several other members even question whether it is dignified of the Academy to write such things as popular tracts, and whether it had not better remain on its own natural and scientific ground, and content itself with watching the Government, who would then take proper measures for carrying out its counsels. *Sub judice lis est—les avis sont ouverts.*

Before quitting the Academy, I may just mention a melancholy fact connected with this eminent body. In the space of eighteen months eight of the members have been removed by death, whereas the ordinary number should only have been three or four. Professor Longet died suddenly at Bordeaux, after having been much grieved and broken down by the recent disasters of his country. Of the recent death of Dr. Blache, and of the many sterling qualities and abilities of this regretted physician, I gave you an account in one of my last letters. Payen also, the well-known chemist and hygienist, has been one of the sufferers from the siege of Paris, and did not long survive its cruel effects. The other departed Academicians are Falret, Danyau (the renowned accoucheur), Lecanu, Leblanc, and Robinet.

I see in the last number of your journal that report has it that Nélaton will eventually settle in England. No such rumour is current here, and I know not what motives may lead the illustrious surgeon to expatriate himself. Of course he would meet with much sympathy in London, both from the profession and the public; but he is doing so very well here that I can scarcely put faith in the statement of his voluntary exile.

Paris, October 26th, 1871.

VIENNA.

(FROM OUR OWN CORRESPONDENT.)

IN spite of all that has been said and written, Oppolzer's chair still remains vacant, and no one, except the Minister of Instruction, knows as yet who will fill it. Political reasons evidently lie at the bottom of the delay in filling up so important an appointment, as Bamberger, the elected of the College of Professors, is an Austro-German, while the present Hohenwart ministry seems to be doing its utmost to repress the German and bring forward the Bohemian element in Austria. Everyone here seems thoroughly disgusted with the miserable dawdling which has allowed four precious months to run by without result. The students gave the Minister of Instruction, Jiricek, a bit of their mind on Tuesday, at the installation of the Rector Magnificus for this academical year. He has given offence, not only in the matter of the Oppolzer chair, but also by having reappointed the Botanical Professor, Karsten, who was suspended last year for over-severity as an examiner. The new students have already taken steps to protect themselves from further injustice at their botanical "Rigorosum," and have declared that if Karsten is allowed again to examine, they will emigrate *en masse* to Graz, where a degree in medicine of equal worth to that of Vienna can be obtained.

In view of the large number of students who wished to study clinical medicine this session, an Extraordinary Professor, Dr. Löbl, has been appointed, and had wards assigned to him; but it is stated that out of the whole number (nearly 500) 300 have inscribed themselves in the clinic of Professor Duchek, whose lecture theatre will therefore be inconveniently overcrowded. The number of medical students for the winter session of 1871 was 1653; and for the summer, 1460. The largest number of students from any one nationality was from Hungary—468. France was not represented at all. There were 30 Americans and 11 or 12 representatives of the British nation studying here.

The number of professors and *privat docenten* in the Faculty of Medicine at Vienna is this year 92.

The health of this city is at present satisfactory. With the sudden arrival of cold weather, and a considerable fall of rain, there has been a great decrease in the number of cases of intestinal catarrh, and an increase in affections of the chest and throat, but the mortality is still low. Thanks partly to the weather, and partly to the precautions which have been taken to cleanse the drains and remove nuisances, almost all fear of a cholera epidemic (at any rate this year) has subsided. I hear from a new comer that the cleanliness of Vienna, and its freedom from bad smells, contrast favourably with the odours and open drains he has left behind him in Berlin.

The latest rumour here is that Traube, from failing health, will shortly resign his Berlin chair, and will be replaced by Bamberger. Having enjoyed the privilege of the former's instruction last summer, I can bear strong testimony to the loss which that university will sustain in so careful and original a teacher.

Professor Hebra recently made two most interesting and practical remarks on the connexion of various diseases. Firstly, he stated that about 90 per cent. of the parents of pruriginous children die of phthisis; and, secondly, that

it is very common for women who have long suffered from eczema of the head to become the subjects of cancer later in life.

A considerable number of cases of small-pox are now under treatment, two of which seem likely to end fatally. The Professor believes in no treatment beyond good food and air, and considers medicine even injurious, as irritating the pustules developed on the mucous membrane of the mouth. This is in marked contrast to the views of Dr. Monti, of the Children's Hospital, who has recently been treating very successfully all his small-pox cases with small internal doses of carbolic acid.

I may add that Professor Hebra stoutly denies any essential difference between the contagion of variola and varicella, having seen formidable outbreaks of the graver malady produced by the introduction of a solitary example of the lighter and so-called distinct disease.

Oct. 14, 1871.

Obituary.

LANGSTON PARKER, F.R.C.S.

MR. PARKER died at Birmingham on the 27th of October, at the age of sixty-six. The reputation of Langston Parker was very considerable and well deserved, both at home and abroad, as the author of a work on Syphilis, and one of the more successful practitioners in that part of the domain of surgery; but in Birmingham itself Mr. Parker was also known as an accomplished gentleman, a ripe scholar, and a warm admirer and generous patron of art in its numerous branches. His abilities as a surgeon were admitted to be of no mean order; while his kindly disposition, urbanity, and cheerfulness of manner secured for him the esteem of both young and old in the profession. No man ever had fewer enemies; none had a greater number or a more sincere band of admiring friends. Mr. Parker was the son of an old Birmingham practitioner; and, after undergoing his preliminary studies there, entered as a student at St. Bartholomew's, and then proceeded to Paris to complete his medical education. He became a member of the College of Surgeons in 1828, and then commenced practice with his father in Birmingham. Professional matters did not exclusively engross his attention. He was an active member of the Philosophical Institution, and lectured on various subjects at that time—"Shakspeare," "Dreams," "The Influence of the Imagination" being some of the varied subjects to which he directed his attention. In medical literature he was also busy—a work on the "Diseases of the Stomach," and another on "Comparative Anatomy," appeared in rapid succession, and both brought reputation and position.

When Mr. Sands Cox founded the Queen's College, Mr. Langston Parker was one of the earliest professors, and for upwards of twenty years he taught anatomy with great distinction and success. In the original staff of the Queen's Hospital Mr. Parker was second only to Mr. Sands Cox, and for twenty years he laboured long and arduously to promote the success of the hospital as a clinical school.

Many of his clinical lectures were published in the *Association Journal* of 1855, and others in THE LANCET and *Medical Gazette* of 1858 and 1863. All display extensive knowledge of surgical subjects, and show that he handled them with considerable power and lucidity; but on the nature and treatment of syphilis he was most at home, and many of his contributions to this department of our literature will continue to be referred to as conveying a keen insight into the pathology of an intelligent mode of treatment of this disease. His "Modern Treatment of Syphilitic Diseases, both primary and secondary," reached a fourth edition this year, showing the estimation in which it is held. In 1843, Mr. Parker was made an Honorary Fellow of the College of Surgeons; and when the British Medical Association met in Birmingham, he was selected to give the Address in Surgery, the subject of his discourse being "The Treatment of Cancer by Caustics"—a marked honour which his position as a well-known clinical teacher and writer well merited. For some years Mr. Parker had retired from active service at the Queen's Hospital, but as consulting surgeon he ever took a warm interest in the success of that institution, and was always glad to be present when any rare operation was to be performed, or to give his opinion when any case of great surgical importance was to be met with in the wards.

The name of Langston Parker will long remain in Birmingham, and among his numerous old pupils, as that of a courteous gentleman; and he will be remembered as a skilful and accomplished surgeon, who, if not to be placed in the very highest ranks of our order, still in his day and generation did much to add to the common stock of knowledge and to favour the progress of medical science.

DR. FRASER THOMSON.

ONE of the most distinguished medical practitioners in Perthshire has lately passed away in Dr. Fraser Thomson. The deceased gentleman was educated at the University of Edinburgh, where he graduated in 1828, having taken the Licentiateship of the Royal College of Surgeons the year before. He settled in his native town of Perth, and, during a lengthened period of practice, earned the confidence and esteem of a wide *clientèle* in that city and throughout the county. His end was, unhappily, sudden. On Tuesday, the 10th ult., he had arrived by the 3.45 P.M. train from Edinburgh, at the Perth station, where he was met by his wife, along with whom he went to look after some luggage. While so engaged, he dropped down in an unconscious state, and was carried to one of the waiting-rooms. There he was attended by Drs. Stirling and Absolon; but their efforts proved unavailing, and he died a few minutes after their arrival.

STUDENTS' REFRESHMENTS AT ST. THOMAS'S.

THE students at St. Thomas's are beginning to grumble. Having complained, and very justly, that no provision of any kind had been made for their obtaining proper refreshments, the treasurer invited them to a conference on Thursday, at 5 P.M., with a view to the ventilation of their grievances, and the nomination of representatives to confer with the officials on the subject. At the meeting the president stated the object for which it had been called, but the students showed no disposition to accept the invitation given them, the unpopularity of Sir Francis Hicks meanwhile being abundantly evinced by the reception accorded him and his speech. The treasurer found the way out of a somewhat ridiculous position by asking that the names of four gentlemen might be sent to him by Monday. A rather noisy meeting then broke up amid cries of "sugar!" and the like.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Oct. 26th:—

Burgess, Edward Arthur, Bethnal-green-road.
Cane, Leonard, Queen-square.
Gatsell, Thomas, East-street, Walworth.
Harries, Thomas Davies, Llanwst, Fishguard.
March, Frederick Kimbell, Braunston, near Rugby.
Meredith, William Henry, Netherton, Worcestershire.
Rees, Albert Barnes, Swansea.
Watson, John Wilcocks, Heigham Hall, Norfolk.

On the same day the following gentleman passed his first professional examination:—

Godding, Charles Cane, Guy's Hospital.

ROYAL COLLEGE OF SURGEONS OF IRELAND. — At the quarterly examination held on Oct. 10th and 11th, the undermentioned gentlemen passed their primary examinations in Anatomy, Physiology, and Materia Medica:—

Nicholas E. Atkin, Samuel Brereton, Cecil J. Bushe, Michael J. Clune, James H. Douglas, Christopher Elliott, Charles Grant, James Fitzpatrick, Robert Griffith, Thomas Griffin, Charles William M'Carthy, William Reed Murphy, John M. Nichols, E. Page, Charles E. Ryan, James Smith, Edmund W. Wrightson.

The following obtained the licence to practise Surgery at examinations held on Oct. 21st, 23rd, 24th, and 25th:—

Samuel Brereton, Cecil J. Bushe, George Cooke, Edward M. Day, Thomas De Renzy, Richard M. Freeman, Nathaniel Mayne, Edward Mulvany, Wm. R. Murphy, Dawson Nesbitt, John C. Pigott, John Prendergast, Nicholas C. Ross, Robert F. Russell, Charles H. Smith, Godfrey Knight Sprowle, Robert Sterling, William J. Vance, Henry E. White, Arthur Woodlock, Edmund W. Wrightson.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen passed their final examinations, and were admitted L.R.C.P. Edin. and L.R.C.S. Edin., during the October sittings of the Examiners:—

Daniel Sutherland, Wick; William Mason, Tralee; Duncan Stewart, Edinburgh; James O'Connolly, Drinagh; Robert William Jonathan Evans, Ruthin; George Fraser Henry, Alyth; Robt. Campbell Fair, Co. Mayo; William Palliser O'Hanlon, Bandon; Daniel Cagney, Croome; Thomas Francis Sparrow, Co. Kilkenny.

At the same meetings the following passed their first professional examinations:—

Henry Hart, Kent; Chas. Edward Smith, Essex; Alexander Moir, Bridge of Allan; Richard Hungerford Orpen, Co. Kerry; William Anderton, Ormskirk.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen were admitted Fellows of the College at the annual meeting held on Oct. 18th:—

Robert Smith, L.F.P. & S.G., Assistant Colonial Surgeon, Sierra Leone; John Sibly Hicks, L.F.P & S.G., Liverpool; Alex. Crerar, L.R.C.S.E., Rannoch; Robert Meikle, L.R.C.S.E., Douglas, Lanarkshire; James Dow Sainter, M.R.C.S. England, Staff Assistant-Surgeon Army, Military Barracks, Sligo.

The following gentlemen passed their final examinations, and were admitted Licentiates of the College, during the recent sittings of the Examiners:—

John Maunsell, Co. Down; Alexander M'Cook Weir, Cookstown; Samuel John Smith, Downpatrick; John Patrick M'Carthy, Glenogra.

THE "Dreadnought" Hospital Ship is reported as ready for the reception of cholera patients.

ROYAL FREE HOSPITAL.—The following operations will be performed by Mr. Gant at two o'clock to-day (Saturday):—1. Excision of knee-joint. 2. Excision of elbow-joint.

UNIVERSITY COLLEGE STUDENTS' CHRISTIAN ASSOCIATION.—The annual meeting of this Association was held in the Russell Institution on Tuesday evening, October 24th; John Macgregor, Esq., M.A., in the chair. Drs. Reynolds, Wilson Fox, and Roberts, the Rev. Dr. Stebbing, and some of the students addressed the meeting. About forty students were present.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—At a late meeting of the College the following office-bearers were elected for the ensuing year:—President: Alfred Hudson. Censors: Samuel Gordon, John Ringland, James Little, and T. Wrigley Grimshaw. Examiners in Midwifery: George Johnston and Lombe Atthill. Treasurer: Henry Law Dwyer. Representative in the General Medical Council: Aquilla Smith. Professor of Medical Jurisprudence: Robert Travers. Registrar: J. Magee Finny.

LONDON WATER.—Dr. Frankland, in his report on the results of the chemical analysis of the water supplied to the metropolis during October, states that the water furnished by four of the London Companies was "so polluted by undissolved organic impurities as to render it undesirable for human consumption."

HEMLOCK.—Pharmacologists will be glad to learn that Messrs. Martin-Demourette and Pelvet have just published, at Paris, a remarkable essay in which the facts, experiments, and action of this plant are carefully discussed.

Medical Appointments.

BONNOR, W. J., M.R.C.S.E., has been appointed Medical Officer for the Empingham District of the Oakham Union, Rutlandshire, vice T. B. Scott, M.R.C.S.E., resigned.

CAMPBELL, W. MACFIE, M.B., C.M., has been appointed House-Surgeon to the Northern Hospital, Liverpool, vice Thos. Dodson Chalmers, M.B., L.R.C.P.Ed., L.R.C.S.Ed., resigned.

CARNEGIE, J., M.D., has been appointed a Surgeon to the North Derbyshire Hospital.

CARTER, Dr. C. H., has been appointed Physician-Accoucheur to the St. George Dispensary, Mount-street, Grosvenor-square, vice G. B. Brodie, M.D., M.R.C.P.L., retired.

CROSS, F. R., M.R.C.S.E., has been appointed House-Surgeon to King's College Hospital.

EARDLEY-WILMOT, S., M.R.C.S.E., has been appointed Resident Accoucherr to King's College Hospital.

GILLESPIE, J. D., M.D., has been appointed Consulting Surgeon to the Royal Infirmary, Edinburgh, on the completion of twenty-one years' active service as Surgeon.

HENRAY, R. S., M.R.C.S.E., has been appointed House-Surgeon to the Westminster Hospital, vice W. J. R. Ray, M.R.C.S.E., resigned.

HASARD, J., M.R.C.S.E., has been appointed Assistant Resident Medical Officer to the Berkshire County Lunatic Asylum, Wallingford.

KENNEDY, D. M., M.D., late of the Civil Service, Victoria, has been appointed Visiting Medical Officer to the Kirkdale Hospital, Westminster-road, Liverpool.

MANN, J., M.D., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed House-Surgeon to the Union Workhouse and Infirmary, Belfast.

MARRIOTT, C. W., M.R.C.S.E., has been appointed Surgeon to the Warneford, Leamington, and South Warwickshire Hospital, vice James E. Male, M.R.C.S.E., deceased.

OXFORD, F. J., M.R.C.S.E., has been appointed Medical Officer for District No. 1 of the Market Bosworth Union, Leicestershire, vice E. F. Turner, M.B., L.R.C.P.L., M.R.C.S.E., resigned.

PERKINS, R. S., M.R.C.S.E., has been elected Medical Officer for the Overton District of the Ellesmere Union, Salop.

PUDDICOMBE, E. M., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Silverton District of the Tiverton Union, vice C. E. Cutcliffe, M.R.C.S.E., deceased.

REEVE, E., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Saham Toney District of the Swaffham Union, Norfolk, vice F. A. Best, M.R.C.S.E., resigned.

REYNOLDS, H. D., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer for District No. 5 of the Pembroke Union, vice Gwynne Harries, M.D., resigned.

ROBERTSON, J., M.D., C.M., has been appointed Surgeon to the Prison, Dumbarton, vice R. Buchanan, M.D., L.F.P. & S. Glas., deceased.

SAUNDRY, J. B., L.R.C.P.L., has been appointed Resident Medical Officer to the Royal Kent Dispensary, Greenwich, vice J. White, L.R.C.P.Ed., resigned.

SHIELEY, M., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Medical Officer for the Swinefleet District of the Goole Union, Yorkshire, vice J. Savage, M.R.C.S.E., resigned.

THOMAS, A. A., L.R.C.P.L., M.R.C.S.E., has been appointed Resident House-Surgeon to the Male Lock Hospital, Dean-street, Soho-square, vice Williams, whose term has expired.

THOMAS, LL. M., M.R.C.S.E., has been elected Resident Medical Officer to the Guest Hospital, Dudley.

VASEY, C. L., L.R.C.P.L., M.R.C.S.E., has been appointed Junior House-Surgeon to the Northern Hospital, Liverpool, vice W. Macfie Campbell, M.B., C.M., promoted.

WARNER, F., M.R.C.S.E., has been appointed House-Physician to King's College Hospital.

Births, Marriages, and Deaths.

BIRTHS.

BRYANT.—On the 28th ult., at Sussex-square, Hyde-park-gardens, the wife of J. H. Bryant, L.R.C.P.Ed., of a son.

DALTON.—On the 8th ult., at Aurora, Essequibo, the wife of H. Dalton, M.D., of a daughter.

KEMPSTER.—On the 25th ult., at Oak House, Battersea, the wife of W. H. Kempster, L.R.C.P.Ed., of a daughter.

KENNEDY.—On the 7th ult., at Stanley-buildings, Walton-road, Liverpool, the wife of D. M. Kennedy, M.D., late Medical Officer Civil Service, Victoria, of a daughter.

NANNEY.—On the 29th of Sept., at Secunderabad, Deccan, the wife of Dr. L. C. Nanney, H.M.'s 5th Regiment M.N.I., of a daughter.

RICKARD.—On the 27th ult., at Haddington-road, Stoke, the wife of Dr. Rickard, H.M.'s Ship "Indus," of a son.

MARRIAGES.

DOBSON—BOURNE.—On the 24th ult., at the Parish Church, Edgbaston, Thomas Dobson, M.D., of Windermere, to Marianne, youngest daughter of the late Henry Bourne, Esq., of The Limes, Edgbaston.

HALL—DE LEONVAL.—On the 25th ult., at the Parish Church, Bolton, John Hall, M.D., of Ruddington, Notts, to Margaret Louise, youngest daughter of the late Jean Baptiste Paul Chappé de Leonval, of Prestwich, Lancashire.

STEVENS—WINTER.—On the 25th ult., at Pewsey, Wm. Edward Stevens, L.R.C.P.Ed., M.R.C.S.E., to Eliza, daughter of George Winter, Esq.

DEATHS.

BOWEN.—On the 23rd ult., D. Bowen, M.R.C.S.E., of Newport, Pembrokeshire, aged 32.

COOKE.—On the 19th ult., F. Cooke, M.R.C.S.E., of Ashton-under-Lyne, aged 60.

EVANSON.—On the 26th ult., R. T. Evanson, M.D., of Torquay, aged 71.

HILDER.—On the 29th ult., H. H. Hilder, M.R.C.S.E., of Great Berkhampstead, Herts, aged 68.

KING.—On the 24th ult., at Walton Villa, near Eccleshall, Osmer King, F.R.C.S.E., late of Greenwich, aged 54.

LOWDELL.—On the 18th ult., G. Lowdell, F.R.C.S.E., of Brighton, aged 58.

MOORE.—On the 28th ult. (after suffering for a long time from locomotor ataxy), W. D. Moore, M.D., of Fitzwilliam-square, Dublin, aged 58.

SEARLE.—On the 23rd ult., at Magdalen-terrace, Exeter, Frank Furlong Searle, M.R.C.S., F.R.G.S., only son of the late Francis Searle, Esq., of the Devon and Cornwall Bank, aged 32.

BOOKS ETC. RECEIVED.

Dr. Anstie on Neuralgia and its Counterfeits.
Dr. Doherty's Organic Philosophy.
Dr. Neberweg: A System of Logic, and History of Logical Doctrines.
Mr. Ord's Comparative Anatomy.
Dr. Donkin: Diabetes and Bright's Disease.
Dr. Fullerton: The Family Medical Guide.
Dr. Atthill on the Diseases of Women.
Dr. Fothergill: Digitalis; its Mode of Action, and its Use.
Dr. Madden on Sudden Death soon after Parturition.
Mr. Bisset: Essays on Historical Truth.
Dr. Duncan on Fecundity, Fertility, and Sterility.
Mr. Gamgee on Horse-shoeing and Lameness.

Medical Diary of the Week.

Monday, Nov. 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—2 P.M. General Monthly Meeting.
MEDICAL SOCIETY OF LONDON.—8 P.M. General Meeting.—Dr. Lichtenberg, "On Rhino-plastic Operation" (two Cases, with Patients).—Mr. Thomas Bond, "On Urethral Rheumatism."

Tuesday, Nov. 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following Specimens will be exhibited:—Dr. Moxon: Circumscribed Pleurisy and Pneumonia in a Syphilitic Man; Destruction of Trachea by Syphilis. Dr. Pye-Smith: Cystic Disease of the Kidney. Dr. Dickinson: Intracranial Aneurism productive of Sudden Death;—&c. &c.

Wednesday, Nov.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 2 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
HUNTERIAN SOCIETY.—7½ P.M. Council Meeting.—8 P.M. Mr. Bryant, "On Insuperable Constipation and its Treatment."
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Opening Meeting of the Session.—Address by the President, Inspector-General Lawson.

Thursday, Nov. 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Expected Operation at 3 P.M. External Urethrotomy: by Mr. Teevan.

Friday, Nov. 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. John Murray, "On a Case of Paracentesis Thoracis." — Dr. Anstie: The continuation of a Case previously reported.—Mr. Christopher Heath, "On a Case of Wound of the Intestine during Ovariotomy, with Recovery.—Dr. Ogle: "Notes on the Temperature in Tetanus."

Saturday, Nov. 11.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

ALLEGED NEGLECT OF A PUERPERAL CASE IN HULL.

We have read the particulars of the very painful case which recently occurred in Hull, which we need not publish here. It is one more case added to a list already too long of puerperal women neglected, if not lost, in consequence of imperfect medical attendance. Mr. Brownridge's position was a very painful one, and he was quite right in wishing to be relieved from medical responsibilities in the case. His only fault was in not ascertaining that the patient was informed of his feeling in time to engage another medical man. Dr. Soulby would, doubtless, have acted differently had he known all the facts of the case. But even as it was, he should have regarded the case as his own, and one for which he was personally responsible; for, as we lately said, we hold that a medical man who once sees a puerperal woman in urgent and exceptional peril has no duty more urgent than to attend to her, at any rate until he sees her safely transferred to other hands.

UNHEALTHINESS OF SUNDERLAND.

THE persistently high death-rate which has prevailed in Sunderland for many months past has created a good deal of anxiety in the town, and much discussion has arisen touching the causes of the excessive mortality, and the means necessary to their prevention. The medical officers of the infirmary have drawn up a report to the Committee of that institution, in which they give a unanimous opinion that the mischief is almost entirely of a sort capable of prevention; that there is want of sewer ventilation, that houses are built upon sites filled in with rubbit and other refuse, that the condition of the watercloscts is bad, that there exist most offensive open privies and middens, and that there is overcrowding and insufficient ventilation generally. A report to the same effect was likewise presented to the Town Council by Drs. Yeld and Douglas, the medical officers of the Local Board of Health. One practical result of these reports and of the discussions to which they have led has been that, whereas hitherto the respo.sibility in respect of sanitary administration had been split up into di.ferent Committees, the entire sanitary supervision of the town is now vested in one body, the Sanitary Committee of the Town Council. Of course, one naturally asks why the activity now displayed has been allowed to lie dormant so long; but the same question might be put in the case of scores of other towns, with as much reason probably. Thackeray wrote one of his capital "Roundabout Papers" upon the blessing of not being found out; but the evil effects of filth are sure to exhibit themselves in time, and it is well they do, else we fear those who are responsible for them would keep them secret enough.

Anti-Humbug.—The title is illegal. The benefit of using an illegal title is very unenviable, and does not at all lessen the value of a respectable English degree.

Dr. R. Hamilton.—The first part of the paper shall appear in our next issue.

PROVIDENT DISPENSARIES.

To the Editor of THE LANCET.

SIR,—I beg you will allow me, on behalf of my colleagues of the Medical Sub-committee of the Charity Organisation Society and myself, space to reply shortly to the letter originally addressed to me, and published in your last number by "An Old Dispensary Reformer," from whom, although he will be readily recognised by all who are conversant with the subject of medical relief to the poor, I will not remove the veil of impersonality which he prefers to wear. He advocates Societies for Mutual Assurance against sickness, and so far we agree with him; but we are unwillingly forced to see that the data are not yet sufficient to enable us to draw up such a *finished* scheme as he proposes. We have no means, for instance, of ascertaining the exact liability to sickness of individual members, and our correspondent takes it for granted in three of his suggestions that we have this power. We can only in a rough way estimate the general liability to disease of our members, taking care to keep our calculations rather under the mark—in order to include the very poor—than over it, and we make up any deficiency by honorary subscriptions. The writer of the suggestions proposes to give the entire management to the members. We think this would be most undesirable as long as the members as a body do not pay according to their *real* liability, which our correspondent admits they cannot all do. The Sub-committee of the Charity Organisation Society have suggested in their Rules that the members should be represented by a minority in the Committee; but we think to give them the whole power of disposing of the honorary subscriptions and, in some cases (as at Coventry), funded property, is unfair, not only to the donors of such property, but to the members themselves, as it places them in a false position of only apparent independence in relation to the subscribers.

On the question of the number of the medical staff, our conclusion is, after weighing all the evidence, that it should be as large as possible, with this limitation, that the number of paying members under each medical officer shall be sufficient to make him feel an interest in the welfare of the dispensary.

Our correspondent finally objects to our paying the medical officer in proportion to the number who have selected him, and prefers that remuneration should be given in proportion to "the number and gravity" of the cases. I think this a very excellent plan, but very difficult to apply. The Provident Dispensary scheme of the Charity Organisation Society is at present undergoing diligent revision, and will be shortly issued as the *practicable* Provident Dispensary of to-day; but if its facilities for registering sickness and other experience which it will afford is generally utilised, a few years will furnish data for carrying out many of "An Old Dispensary Reformer's" wishes. We shall, for example, ascertain the liability to sickness of persons of different ages, sexes, habits, trades, &c., and we shall have learned by experience the *real* premiums at which the Provident Dispensaries can afford to take members. Many will pay these premiums unaided; others, who are very poor, will have to be assisted by loans or gifts. Shortly stated, the difference between the present day and the future, which I have sketched, is, that whereas *now* we assist partially eleemosynary institutions, and consequently *all* the members, *then* we shall help a *few* to belong to self-supporting institutions.

I am, Sir, yours obediently,
J. FORD ANDERSON.

Buckland-crescent, Belsize-park, N.W., November, 1871.

MEDICAL ADVERTISING.

A CUTTING has been forwarded us from the *Hereford Times*, in which a surgeon, advertising his retirement from practice to all "ladies and gentlemen" in his neighbourhood, announces that he has the greatest confidence in the ability and professional skill of his successor, and asks "for him the patronage which you so kindly vouchsafed to me." This is eminently calculated to increase the respect in which our profession is held by the aforesaid ladies and gentlemen!

Union Medical Officer.—We should like to have fuller particulars of the case before publishing our correspondent's letter.

Mr. E. Jones, (Chelsea.)—Yes, it would transfix the right side of the organ.

ASYLUM FOR PAUPER LUNATICS.

At the Middlesex Sessions on the 26th ultimo the Report from the Special Committee appointed to consider the Home Secretary's letter on the inadequate accommodation provided by the lunatic asylums in the county came under consideration. From that Report it appears that on the 1st of June last there was vacant accommodation to the extent of 556 males and females in Hanwell and Colney Hatch, and in the licensed houses of Bow (Grove-hill), Camberwell, Bethnal, Peckham, and Hoxton; and that the increase in the number of pauper lunatics chargeable to the county may be reckoned at £250 per annum, while there are 800 patients in licensed houses. Under these circumstances the Committee recommend that if the Court should not deem the metropolitan licensed houses a part of the accommodation which might become available for the pauper lunatics of Middlesex, additional accommodation should be provided, particularly for the quiet chronic cases. The Committee conclude by recommending the Court to forward to the Home Secretary a copy of their Report, by way of reply to his letter of the 15th of April last, and to inform him that at the next October Quarter Sessions his letter will come under consideration. As little time as possible should, we think, intervene before the settlement of this difficulty.

Ignoramus.—1. The advantage of the licence of the Apothecaries' Company is that it is a legal medical qualification not very difficult of acquisition.—2. The working out of the answers to our correspondent's second question will be an excellent exercise for his patience when he has nothing better to do, but is rather beyond our sphere.—3. Such works as Erichsen's Surgery, or Holmes's System of Surgery and Heath's Minor Surgery, and Tanner's or Watson's Practice of Medicine. The L.R.C.P. Ed. does not confer the title of "Dr."

Sir David Dean's communication arrived too late for insertion this week.

BRONCHITIS, HÆMOPTYSIS, AND INHALATION.

To the Editor of THE LANCET.

SIR,—I was taught the virtue and value of inhalation by M. Piorry in the wards of La Charité, Paris, so far back as 1834, '5, and '6; and by Sir Chas. Scudamore in London in 1837. Since then I have used it in bronchitis and phthisis more or less. I am perhaps, therefore, in some humble degree qualified to reply to your correspondent, "F.R.C.S."

As to the use of gallic acid in arresting hæmorrhage (pulmonary or uterine), I have had large experience, and have seldom found necessary larger doses than ten grains with fifteen drops of dilute sulphuric acid every two hours. In preparing for the extraction of uterine polypi wherein a flooding may be expected, twenty-grain doses are the maximum I have ever given, and these only for twenty-four hours, and with perfect protection. I consider your correspondent to have been guilty of sheer self-poisoning in the large doses he used.

Ergot is one of our most potent hæmostatics; but its use must not be prolonged, for obvious reasons. Your correspondent's case is one evidently of sanguineous *exhalation* from the bronchial lining, and is therefore all the fitter for the action of ergot. Let him try the extractum ergotæ liquidum of the British Pharmacopœia, 1867. He has a very proper abhorrence of lead; it is a very dangerous medicine, only fit for mild cases, and then only very briefly.

Is "F.R.C.S." certain that there is no tubercular deposit, no lesion of the heart or great vessels? If not, what does he mean by his "asthma and sequelæ of bronchitis"? What suspicions should not these awake? At all events, his narrative awakens in the reader the suspicion that the stomach has been far too much and too long tampered with by drug, if not by dietetic, irritants. In such cases as his the first canon of safety or success is entire repose of stomach. The blandest nourishment, therefore, and the smallest quantities, are the *sine qua non* of treatment. Here the medication of the morbid pulmonary tissues by steam, and the medicines it can vaporise, is the second grand indication. Steam alone is one of the most powerful antiphlogistics we possess, applied either to inflamed skin or mucous membrane. The science of the inhalation of medicine in most chronic and in some acute pulmonary diseases is but in its infancy. This subject has been so bepuffed that even medical journalists are afraid of encountering it. The great Beddoes, twenty years ago, however, foresaw and predicted that this mode of introducing medicines into the general circulation, thereby saving the stomach, would one day come to the front.

Your correspondent must try phosphorus, a few grains dissolved in oil by heat, or the ac. phosphor. dilut., in doses from fifteen minims to a drachm. The temperature of the water for inhalation will be a sliding scale, from 100° up to 180°, according to idiosyncrasies and intensity; 120° is a good average. The ethereal tincture of lobelia is an admirable inhalant. Benzoin not so; it forms a soap-lather. The succus conii is perhaps the safest anodyne to combine with and qualify the directer medicines. Almost the whole class of expectorants may be given by way of inhalation. Sir James Simpson treated dropsy by the inhalation of oil of juniper!

A parting caution to your correspondent. He says: "What with pills, potions, and constant blistering I keep life in me." Now, is it any wonder that he should be in the half-dead condition he describes? Take a trained boxer or boating man: irritate constantly his most sensitive gastric and intestinal linings with pills and potions, and fire with frequent blistering the fine nervous fibrils of the skin, and he will soon become a chronic invalid of the most confirmed order. With uncomfortable external sensations, and digestion daily interfered with by polypharmacy, there can be no health.

I am, Sir, your obedient servant,

October 28th, 1871. M.A., M.D.

THE GUEST HOSPITAL, DUDLEY.

Dr. Underhill, honorary medical officer to the Guest Hospital, Dudley, writes to say, in reference to our notice of the opening of that institution, that the hospital, completely finished, and provided with every modern medical and surgical appliance, was presented to the town by the Earl of Dudley. Its entire cost has been about £30,000. The bequest of the late Mr. Guest for an endowment was £20,000.

HELP FOR THE HELPLESS.

OPINIONS may differ as to the efficiency or desirability of wholesale emigration as a means of reducing pauperism in the United Kingdom. But that Miss Rye is doing a good and philanthropic work no one, we should think, can doubt. That lady has again sailed from Liverpool with a fresh batch of 130 girls, two boys, and two families of five children, collected from different unions throughout the kingdom. The young people, on their arrival in America, will be despatched immediately to Miss Rye's Home, near the Niagara Falls, where they will remain till comfortable homes can be obtained for them. Benevolent schemes are, unfortunately, not always so successful as that which Miss Rye has inaugurated. Her *protégées* have, it appears, by their behaviour, justified, and to some extent rewarded, the painstaking benevolence exerted on their behalf. Many of them, moreover, have married and settled comfortably. If there were amongst us a few more individuals like Miss Rye, we should be able to look with greater equanimity upon the tardy progress of legislation with reference to the colossal evil of pauperism.

Mr. E. Fish.—At any time; but if the qualifications be not registered by the end of the year, they will not appear in the forthcoming volume for 1872.

Dr. Percy Leslie.—We must decline to insert the advertisement.

MEDICAL ETHICS.

To the Editor of THE LANCET.

SIR,—I trust the subject as brought forward by "A Medical Father," under the above heading, in your impression of Oct. 21st, will not be allowed to drop until some fresh ideas have been received. I think we might very well be less squeamish about indemnifying one another for expenses incurred and losses sustained.

In midwifery, for instance, it often happens that one is detained for many consecutive hours, at great personal inconvenience and actual loss, in attending the wife of some practitioner of whom you know nothing, whose income is possibly as large as your own, and who would be very willing to refund you money out of pocket; but etiquette forbids you taking it. Again, a telegram arrives, demanding your immediate presence some twenty miles from town to assist in some difficulty with a doctor's wife, whose name even you are not familiar with. Of course you go at once, to find there is no train that you can return by to town that night, although when you left home you had several important cases to see, that only a telegram would have called you away from. You make yourself as happy as circumstances will permit, and telegraph off to your patients to say you cannot see them to-night. On returning on the morrow, of course you have been wanted, and unfortunately by one of your best patients, who was hourly expecting her confinement when you were called away. Dr. X., a friend of yours, who acts in your absence, attended for you, and, as per agreement, gets half the fee for so doing. Altogether, taking into consideration expenses incurred, visits unpaid that would have been paid, as well as losing half your fee, you find yourself considerably out of pocket; and, as at present understood, etiquette forbids you taking what possibly your wealthier brother would gladly have tendered you, or your scanty exchequer equally gladly have received.

I think, Sir, as regards the exigencies of midwifery there might well be some latitude allowed. It differs essentially from a mere quarter of an hour's visit to your consulting-room, or an occasional visit at some hour convenient to yourself, arranged beforehand, on some brother doctor's wife or child.

Yours truly,

October, 1871. OBSTETRICUS.

THE DEGREE OF MAURITIUS.

A Mauritian wishes for particulars of the Mauritius degree referred to in our analysis of the M.D. degrees in London, published last week, observing that eight years ago there was no school of medicine in the island. The following is an extract from the Directory of 1871: "Raleigh, George, address unknown, M.R.C.S. Eng. & L.S.A. 1836; M.D. Mauritius, 1839; Guy's, &c."

Studens agens sed ardens.—Milne-Edwards' Manuel de Zoologie, 1867, 6 francs; Milne-Edwards' Précis d'Histoire Naturelle, second edition, 1868, 3 francs; Zoologie, Botanique, Géologie; Quatrefages' Souvenirs d'un Naturaliste, 1854, 4 francs. To be obtained from Messrs. Williams and Norgate, Henrietta-street, Covent-garden, London, W.C.

A. B. C.—The principle is well established that if a medical man is engaged to attend a patient he can claim his fee, always supposing that he has kept himself in readiness to fulfil his engagement.

DYTE *v.* THE ST. PANCRAS GUARDIANS' APPEAL FUND.

To the Editor of THE LANCET.

SIR,—In addition to the £42 already announced as received for the above Fund, I beg gratefully to acknowledge the following subscriptions:—

Andrew, James, M.D.	...	£1	1	0	Guy, W. A., M.D.	...	£1	1	0
Beale, L., Esq., M.B.	...	1	1	0	Harley, Thomas, Esq.	...	1	1	0
Byles, J. C., Esq.	...	0	10	6	H. B., M.D.	...	0	10	6
B. C., M.D.	...	1	1	0	Lidderdale, J., Esq., M.R.C.S.		1	1	0
Brodhurst, B., Esq., F.R.C.S.		2	2	0	Mackenzie, G. W., Esq., L.R.C.P.		1	1	0
C. C. R., M.D.	...	0	5	0	Ramskill, J. S., M.D.	...	2	2	0
Clinton, Colonel	...	1	0	0	Rayner, Messrs., Uxbridge		1	1	0
Corfe, George, M.D.	...	1	1	0	Sequeira, H. L., Esq.	...	0	10	0
Codd, G. G., Esq.	...	0	10	0	——, J. S., Esq.	...	0	10	6
Couper, J., Esq., F.R.C.S.	...	1	1	0	Tay, Waren, Esq.	...	0	10	6
Gill, J. B., M.D.	...	1	1	0	Wertheimer, Messrs.	...	1	1	0
Godfrey, Dr.	...	1	1	0					

Unless further aid be speedily forthcoming, I fear that Dr. Dyte will be a loser to the extent of some hundreds in the prosecution of his just claims, admitted as such by the guardians themselves.

I am, Sir, yours faithfully,

W. BATHURST WOODMAN.

6, Christopher-street, Finsbury-square, Oct. 31st, 1871.

POLICE CALLS, AND THE PAY FOR THEM.

Mr. J. Ingleby Mackenzie.—Our correspondent was asked by a policeman to go four miles on the night of April 19-20th to see the wife of a man whom they had taken into custody for maltreating his said wife. On applying to the police for remuneration, our correspondent was referred to the husband, who was in prison. He then applied to the magistrate, who, after consulting the magistrate's clerk, said that the remedy was to proceed against the constable who employed him. The police represent the magistrates, and, in our opinion, the magistrates should pay. In London, by the police regulations, when a medical practitioner is called by a police constable to attend any case, he is entitled to 3*s.* 6*d.* for a day visit, and 7*s.* 6*d.* for a night visit. If the magistrates still decline to pay, our advice would be to proceed against the constable.

Dr. Hitchman, (Derby County Lunatic Asylum.)—Thanks for the specimen of bone, which shall be submitted to examination.

ON A CASE OF TOBACCO POISONING.

To the Editor of THE LANCET.

SIR,—I was called on the 10th ultimo to see Mrs. M'I——, an Irishwoman, aged forty-eight, whom I had visited formerly on account of ulcers on the legs.

On this occasion I found her lying in bed in a state of great prostration, her countenance and manner indicating lassitude and exhaustion. I saw that she had been vomiting bilious matter. The pulse was feeble; the skin cool. She told me that she had sent for the clergy. Her leg had been dreadfully bad, she said, and in order to obtain relief she had applied tobacco to the sores. This statement (which she made incidentally) at once explained the cause of the symptoms.

On inquiry it was found that she had applied some tobacco-leaf to the least severely affected of her legs last night, and to the other this morning. After this the vomiting and weakness came on, and she perspired. I removed the tobacco from the sores, and gave her some aromatic spirit of ammonia. After the administration of the ammonia she said that her eyes were not so dim. I then directed that the medicine should still be given, and a cup of strong coffee in addition. I also recommended warm bedclothes. Saw patient later in the day. She was considerably improved, but complained of cramps in her legs. Medicine to be continued, and more coffee taken.

Oct. 11th.—On visiting patient I found her to be better than she was yesterday, but still suffering severely. Pulse rather feeble. She stated that she felt "sore" and "benumbed." Had little real sleep, only dozing. Had experienced a sensation of being lifted and tossed about. As patient had lately been rather intemperate, I considered it necessary to administer some alcoholic preparation, in order to stimulate the nervous system, which had been so depressed by the nicotine. Accordingly I gave the following:—Whisky, three ounces; lavender water, one drachm; water to six ounces: two tablespoonfuls every two hours.

12th.—Patient much improved.

13th.—Complained of irresistible sleepiness, headache, and irregular action of the heart. I prescribed sulphuric ether, two drachms; compound tincture of cardamoms, one drachm; water to six ounces: a tablespoonful every two hours.

14th.—Patient had been purged; felt better, but weak; memory defective.

18th.—Now nearly well, or at least in the enjoyment of her usual health.

It may be stated that the tone of this woman's system had been much impaired by physical suffering and intemperance. With regard to her pulse, I suspect that it is feeble at the best.—Yours truly,

Inverkip by Greenock, October, 1871. JAS. W. ALLAN, M.B., C.M.

Anxious overrates our ability in thinking that we could advise in reference to a case of disease better than the medical men who have seen it. Medical men are not "interested" in disease so as to interfere with their judgment.

Parchment (Alford) may obtain the article of the patentee, Mr. Arnold, West Smithfield.

Mr. E. Medlin (Sunderland) would require to obtain a special licence to practise in France. He might apply for information to the French Consul.

ARMY MEDICAL ARRANGEMENTS.

To the Editor of THE LANCET.

SIR,—Will you allow me to bring to your notice a very extraordinary arrangement that exists at Aldershot? You are aware, no doubt, that there are two rifle ranges at the camp, and that it is generally considered necessary for a medical officer to be present during rifle practice. You, perhaps, also recollect that on the removal of the second assistant-surgeon from regiments some years ago, it was arranged that staff assistant-surgeons were to be detailed for these duties, so that the regimental medical officers would not be taken away from their more immediate charge of the sick. But instead of this, the rule at Aldershot is, that all the assistant-surgeons, regimental and staff, are on one roster for attending the rifle ranges; so that when Assistant-Surgeon Tomkins, of the 200th Regiment, is detailed for duty at rifle range, Staff Assistant-Surgeon Jones is detailed for duty with the 200th Regiment for that week. The beauty of this is at once apparent. Assistant-Surgeon Tomkins has perhaps under his immediate charge a case of typhoid fever or some other serious disease, of which from careful attention to he has made himself acquainted with the various phases, and was carrying out a successful mode of treatment, when, just perhaps about the crisis of the disease, he finds himself detailed for a week's duty at the rifle range. Staff Assistant-Surgeon Jones, who, no doubt, is as good a medical man as Mr. Tomkins, takes over the case. Will anyone say that the patient's chance or prospect of recovery is as good as if the man who studied the case from the beginning was left in charge of him? Surely not.

I know the "idea" at Aldershot is the general staff; but it will be a sorry day for the soldiers of the British army if that idea become realised.

Yours obediently,

ONE WHO HAS FREQUENTLY SEEN THE FATALITY OF CHANGING MEDICAL OFFICERS.

October, 1871.

PHYSIOLOGY AND VACCINATION.

Ignoramus.—If Dr. Garth Wilkinson were just in charging current physiology with being gross and hard—as he is not just,—it would still remain true that men of his class push refinement in physiology to the point of absurdity. Had the abscess in question resulted from vaccination, which we happen to know was not the case, it would still remain true that vaccination is a far less serious cause of abscesses and sores than small-pox. Dr. Garth Wilkinson may know that the discovery of cells and nuclei and all the vital processes of which they are capable, has been made by the very physiologists who believe in the beneficence of vaccination.

Dr. Humble, (Corfe Castle.)—Weightman's Medical Practitioner's Legal Guide, and Baker's Law of Coroners.

NEW SYDENHAM SOCIETY: TROUSSEAU'S CLINICAL MEDICINE, VOL. IV.

To the Editor of THE LANCET.

SIR,—One of your correspondents lately congratulated the English profession on the "completion" of this valuable work. As there is no index to the four volumes, I hope he is mistaken as to the "completion." But who knows? There is no index to Hebra on Skin Diseases. As to the volume itself, the profession may be congratulated; it is in good English, and the serious errors are not many. Allow me to point out those which have come under my eye.

Page 15, line 24, for "densum," read "senum."
" 53, " 28, for "girl mothers," read "unmarried mothers."
" 68, " 11, for "melanotic," read "melanic."
" 117, " 18, for "natura," read "naturæ."
" 185, " 31, for "however," read "moreover."
" 291, " 7, erase "by."
" 322, " 16, for "has an almost invariable character in," read "is an almost invariable characteristic of."
" 322, " 28, for "climacteric," read "climatal."
" 336, " 3, for "and the," read "and, thirdly, the."
" 352, " 3, for "chlorohydrate," read "hydrochlorate."
" 362, " 20, for "venerum," read "venarum."
" 373, " 2, for "soda and, urate of the phosphate," read "urate of soda, and phosphate."
" 379, " 20, for "solutes," read (?).
" 384, " 12, 13, after joint, read "and"; after examined, insert (;).
" 398, " 6 from foot, for "duty, avert," read "duty, to avert."
" 407, " 14, for "sanguine," read "sanguini."
" 407, " 15, for "potentiæ," read "patientiæ."
" 407, " 18, for "sentratur," read "tentetur."
" 436, " 31, 32, read "that in certain employments the joints which suffer most fatigue are those most frequently."
" 444, " 25, for "enteritis and rheumatic," read "rheumatic arteritis and."
" 445. There is an error in the last paragraph which I do not know how to correct. The left calf, "which was swollen," appears to have been only 2·4 inches in circumference, and the right calf, which was "increasedly tumefied," had five times the circumference of its fellow. Had the editor translated the weights and measures, so absurd a mistake could not have been made, or, if made in the original, must have been detected.

It is probable that some parts of the volume have been revised by others less scholarly than the editor. Thus the reviser (or translator?) of the lecture on Syphilis has "cahexia" in every place for "cachexia," an error which appears nowhere else.

Thus only can I understand such errors as "leuchorrhœa" (p. 14), "erythysm," "dothienteria" (pp. 463, 4), "diathesic," "sphacelas," "heptalgia" (lecture lxxviii.).

The word "larvaceous" for "larvate" (see the lectures on Gout) is more serious, as it suggests quite another thing. Why should not the word have been translated? "Masked" is the English correlative.

Why do authors and editors represent Hippocrates and Lucian as Latin writers? They should either be quoted in their own tongue, which should be accompanied with a translation, or else at once in the language of the reader. And what is the real title of Lucian's poem? (pp. 307, 401). Francis Adams (Paulus Ægineta) calls it "Tragodopodagra," which is probably true; Garrod calls it "Tragapodagra," which is evidently false; Sydenham (Sydenham Society), Trousseau, and Liddell and Scott call it "Tragopodagra," which possibly may be an intentional abridgment by the Latin translator. Yours respectfully,

Stoke Newington, Oct. 23rd, 1871. ROBERT H. COOKE.

Mr. A. Cafferata, (Newark.)—1. We regret that we cannot return private answers. We should recommend "Fownes" (the latest edition by Mr. Watts) or "Roscoe" as excellent manuals of Chemistry. — 2. Dunglison's (Trübner, Paternoster-row). — 3. Kesteven's, or a series of articles to be found in "Cassell's Household Guide" might answer the purpose of our correspondent.

Non-Compos.—The treatment is the same as for boys, minus the mechanical part of it.

Juvenis.—Our Students' Number will afford the information desired.

LIFE ASSURANCE OFFICES AND MEDICAL REFEREES.

To the Editor of THE LANCET.

SIR,—The following circumstance has just occurred in my practice. A patient proposed to insure his life in a certain Office. He was passed by the surgeon, but rejected upon my report, for which I duly received my fee. He then proposed to another Office, was again passed by the surgeon, and I was again applied to for my opinion. As no mention was made of the fee, I applied for it before sending my report. No reply was given to me, and I have since heard that the Company have accepted the proposer as a first-class life. Both Offices are equally good, and I know from private sources that the first Office rejected the proposal entirely from my report. I think no comment is necessary. I enclose my card, and am, Sir,

Your obedient servant,

October 1871. M.D.

LIVE SNAKES IN THE STOMACH.

"H. R. BURNER, M.D., Graduate of the Royal College of Physicians and Surgeons, London," is having a hard time of it in Kulamazoo. Between the difficulties of getting two live snakes out of the stomach of one Mr. Fagg, and getting the *Kulamazoo Telegraph* to regard his feat with reverence, he is really a busy man. His story of the snakes and the general account he gives of himself are equally surprising. The doctor contemplates founding a large hospital in America for the benefit of the afflicted; but meantime places his services at the disposal of the public on terms thus explained:—

"Until we find a suitable location for our Institute, we have concluded to treat curable cases on the following principles: We will furnish the patient with medicine sufficient to effect a cure, for which we charge just what the medicine cost, with 10 per cent. for waste in preparing. This must be paid for in cash, or its equivalent, when prepared and delivered. Then we take a promissory note, secured, to be paid one year from date, after the cure is effected, for our fee, which is arranged according to the nature of the case, and the ability of the patient to pay. We take no notes for less than 10 dollars, and charge no fee higher than 1000 dollars."

It is said that 2000 people have been to see the snakes.

Mr. A. D. H. Leadman (Leeds) may apply to S. Alban's Chapter House, Holborn.

CERTIFICATES OF DEATH.

WE have been requested to publish the following correspondence.

[COPY.]

To the Registrar-General.

SIR,—I beg most respectfully to call your attention to a grave defect which exists, at all events in this district, in the system of registering deaths; certain deaths being registered as "certified," whereas the persons who certify are not legally qualified medical practitioners.

I am told by the registrar for the sub-district of St. Mary, Paddington, that he has "no instructions to distinguish between men *legally* qualified and otherwise"; that he depends on his "local knowledge of men in receiving their certificates"; and that lately, upon a neighbouring druggist coming and telling him he had taken his degree, and was now qualified to practise, he immediately complied with his request, and supplied him with a book of forms of certificates of cause of death, and that he has since received certificates from him, and registered the same.

Upon my asking the registrar if he ever consulted the Medical Register to ascertain if a person certifying was a registered medical practitioner, I was astonished to find that he did not possess a copy of the book; and that, although he had held his office for nearly six years, he had never been supplied with, or instructed to obtain, a copy of the work in question.

The practice of registering deaths as *certified* upon the certificates of such persons as those I have indicated is surely fraught with great danger to the public, and is not likely to increase the accuracy of the register—circumstances which will, I trust, lead to the adoption of some remedy for the evil of which I complain, the more especially as the members of the medical profession have at all times given their willing and gratuitous aid to the perfecting of this part of the work of the department over which you preside.

I have the honour to be, Sir,
Your most obedient servant,
STAMFORD FELCE, M.R.C.P.E., &c.

12, Chippenham-road, W., October 26th, 1871.

[COPY.]

General Register Office, Somerset House, Oct. 30th, 1871.

SIR,—I have to thank you for calling my attention to the fact that Mr. A—— accepts causes of death written by unqualified practitioners, treating them as genuine, and writing under them in the register books "certified." I have this day written to him on the subject. Her Majesty's Government have gratuitously distributed amongst medical practitioners and registrars the latest nomenclature of diseases in several languages; but they do not authorise the expense of annually providing registrars with the Medical Register; consequently they have a difficulty in informing practitioners falsely claiming to be qualified that what they say is untrue. Causes of death written by some unqualified practitioners may be held to be more accurate than some of the strange statements as to the fatal disease made by informants where legally qualified medical practitioners have not been in attendance.—I have the honour to be, Sir,

Your faithful servant,
GEORGE GRAHAM, Registrar-General.

S. Felce, Esq., 12, Chippenham-road.

PROFESSIONAL TITLES.

To the Editor of THE LANCET.

SIR,—Will you kindly allow me to call the attention of your readers to the following statement, and, if any can suggest the right course to pursue, to request a reply in your columns.

A gentleman has lately succeeded to a general practice in this town. His degrees are M.R.C.S.E. 1862, and L.K.Q.C. Ireland 1865. On his door-plate he emblazons "Mr. ——, Physician and Surgeon," giving out on all opportunities that he is rightfully entitled to call himself "Doctor." Now, has he any right to be called "Doctor"? There being several *bonâ fide* Doctors of Medicine in the town, such a course is manifestly most unfair to those gentlemen who have expended time and money in acquiring the higher degree. And if he is not justified in giving himself the brevet rank, would it be fair and gentlemanly conduct for the other medical men merely to call him "Magister," ignoring the "Doctor" altogether. There is a gentleman in the town, L.R.C.P. Lond., who always calls himself "Magister." A perfect understanding as to the rightful title to be taken and given in all cases is much wanted in the medical profession.

I am, Sir, your obedient servant,
Colchester, Oct. 28th, 1871. ENQUIRER.

P.S.—As to the door-plate. Is he justified in putting "Physician" on it? It is to be hoped that all these things will be put right in the Medical Bill.

This letter is written in no unfriendly spirit, and I feel certain the gentleman alluded to would be excessively sorry to give himself a title of which he had no rightful possession, and in any way to act unprofessionally or unfairly.

Mr. Charles Bird.—We can recommend our correspondent no better works than Miller and Roscoe (4*s.* 6*d.*); for mineral analysis, Vernon Harcourt's Exercises in Practical Chemistry (Macmillan, 7*s.* 6*d.*); and Fresenius' Quantitative Analysis, fifth edition, 1870, by A. Vacher (J. & A. Churchill, 12*s.* 6*d.*)

Argus is surely a little premature in his conclusion. He will, however, derive some support for it from the illogical arguments of the opponents of the measure.

K. R. G. had better take the advice of his usual medical attendant.

MEDICAL ETIQUETTE.

To the Editor of THE LANCET.

SIR,—As my attention has only been this day drawn to Dr. Royston's letter (published in your last impression), regarding my alleged want of professional etiquette, I must beg of your readers that they will suspend their verdict until they have heard both sides. In great haste,

Faithfully yours,
Mount-street, Nov. 2nd, 1871. DELAMARK FREEMAN.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Johnson; Dr. Barnes; Dr. Kempster; Dr. Thibaud, Les Roches; Mr. T. Russell, Guildford; Mr. Brookes; Mr. Jessett, Erith; Mr. Green; Mr. Loring; Mr. Betts; Mr. Scott; Dr. Mark, Belfast; Mr. Perry; Dr. Kennedy, Liverpool; Dr. Dobson; Mr. Hayes; Mr. Sharp; Mr. Terry; Mr. Hammond; Mr. Gregory; Messrs. Douglas and Bullock; Mr. Pritchett; Mr. E. Jones, Chelsea; Dr. Williams, Malvern; Dr. Marcet; Mr. Reader; Dr. Gooding, Cheltenham; Mr. Leadman, Leeds; Dr. Hodder, Madras; Mr. Wilton; Mr. Date, Crewkerne; Dr. Campbell, Liverpool; Mr. Hogg; Mr. Samuels, Wanganui, New Zealand; Mr. Spence; Mr. Curling, Long Sutton; Mr. Crane; Mr. Randell; Mr. Modlin, Sunderland; Dr. Joyce, Rolvenden; Dr. Deane, St. Ives; Mr. Douglas; Mr. Murphy; Mr. Bird, Wymondham; Mr. Fish; Mr. Norton; Mr. Robertson; Mr. R. Cleaver; Mr. J. Manning, Winchester; Mr. Barrett, Grimston; Mr. Melville, Crewe; Mr. Roberts; Mr. Forsyth; Mr. Lockley, Wye; Mr. Cheadle; Mr. Bryan; Dr. Newman; Dr. George; Mr. Templeman, Leo; Mr. Sutton, Dursley; Dr. Hamilton; Mr. Wilmot; Mr. J. Hazard, Wallingford; Dr. Gibbons; Mr. Marriott, Leamington; Mr. Gray; Dr. Hall, Colwyn; Mr. Crowther; Mr. West, Birmingham; Mr. Warder; Mr. Cork, Waltham; Mr. Wordsworth; Mr. King, Lincoln; Dr. Woodman; Mr. Eastlake; Mr. Bunyon, Epsom; Mr. Pearce; Mr. Cameron, Darlington; Mr. Kesterton; Dr. Hitchman, Mickleover; Dr. Underhill, Great Bridge; Dr. Varela, Corunna; Mr. Gale; Mr. Miles, Callender; Mr. Phelps; Mr. Creaton; Mr. Preston; Mr. Millar, Newport; Mr. Dawson, Old Swindon; Mr. W. Hyslop, Church Stretton; Mr. Gibb, Wellington; Mr. Wetherfield; Mr. Watson, Stockton; Mr. C. L. Todd; Mr. Maxwell; Mr. Thorne; Dr. Deas; Mr. Stafford; Dr. Littleton, Plymouth; Mr. Bonnor, Empingham; Mr. Read, Colchester; Mr. Langham; Mr. Ford, Manchester; Mr. Cooke; Mr. Freeman; Dr. Mackintosh; Dr. Tessier; Mr. Teevan; Mr. Felce; J. H. W.; Fiat Justitia; M.A., M.D.; Non-Compos; A. B.; British Medical Benevolent Fund; X.; Parchment; A Hater of Humbug; Ignoramus; A Mauritian; Enquirer; Student; Cosmos; A Possessor of Five Registered English Qualifications; Anxious; W. E. H.; Epsilon; Anti-Quack; H. D.; An Eye-Witness; M.R.C.S.E.; A. B. C.; Another Registered Practitioner; A Constant Reader; K. R. G.; Juvenis; P. N.; Argus; &c. &c.

Brighton Gazette, Dudley Herald, Liverpool Daily Courier, Morningside Mirror, American Register, Veterinarian, Brighton Guardian, Devonport Independent, Hull News, Sunderland Times, Kulamazoo Daily Telegraph, Scotsman, Liverpool Albion, Argyllshire Herald, Kingston (Jamaica) *Semi-Weekly Gleaner, Cope's Tobacco Plant* (No. 20), and *Waterford Chronicle*, have been received.

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